



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 725583		2. Exact name of the limited liability company R&S INVESTMENTS, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island OWNING, HOLDING, SELLING, LEASING, TRANSFERRING, EXCHANGING, OPERATING & MANAGING REAL PROPERTY AND ANY AND ALL LAWFUL BUSINESS			
5. Principal office address 200 Exchange Street, Unit 317		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert J. Grace		Contact Title Member			
Street Address 17 Grove Ave., P.O. Box 14116		City East Providence	State RI	Zip 02914	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Robert J. Grace		Manager Name Scott J. Peters			
Street Address 17 Grove Ave., P.O. Box 14116		Street Address 17 Grove Ave., P.O. Box 14116			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 11 2013

File Date _____

Check No _____

By: _____

BY 1014

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert J. Grace 10/6/13
 Signature of Authorized Person Date

Robert J. Grace, Member/Manager

Print or Type Name of Authorized Person

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