

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.		2. Exact name of the limited liability company				
206648	1191 MA	AIN STREET RE	ALIY, LLC			
3. State of Formation	I	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	DDE ISLAND TO PURCHASE, SELL, MANAGE AND/OR LEASE COMMERCIAL AND RESIDENT PROPERTIES.					
5. Principal office address 1191-1195 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02904	
			and the state of t			
Contact Name FRANK D'ALESSANDRO, MD			Contact Title PRESIDENT			
Street Address 145 DARBY ROAD			City NORTH SCITUATE	State RI	Zip 02857	
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Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip S	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	\$ 00 mg		
City	State	Zip	City	State	Zip 26	
And the same of th				FREE CONTRACT		
This information is current	tly of record in the	e Office of the Sec	retary of State. Changes require f	iling Form 642.		

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By 208516

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

FRANK D'ALESSANDRO, MD

Print or Type Name of Authorized Person