

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 THE ROLLO FAMILY LLC I				
97148	THE RO					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Purchas	Purchase, sale and management of real and/or personal property				
5. Principal office address 93 Clarendon Avenue			City Providence	State RI	Zip 02906	
6: MAILING ADDRESS OF L	IMITED LIABILIT	FY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Michael J. Rollo			Contact Title			
Street Address 93 Clarendon Avenue			City Providence	State RI	Zip 02906	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
anager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	engerater and any	AND THE MACHINE, THE TOTAL CO. A. C. C.		e managoria de la composición del la composición del composición de la composición del composición del composición de la composición del composici		
This information is currently	y of record in th	e Office of the Sec	etary of State. Changes require t	filing Form 642.		

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File Date The Check No. 2 Page 18	Under penalty of perjury, I declare and affi this report, including any accompanying s and that all statements contained herein a	chedules and statements,
By:	Signature of Authorized Person	Date
	Michael J. Rollo	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012