State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State			
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2013</u>		
1. ID No. <u>000149014</u>	Ŀ		
2. Exact Name of the Limited Liability Company Piazza Zarrella, LLC			
3. State of Formation			
State: <u>RI</u>			
	e Character of the Business Which	is Actually Conduct	ted in Rhode Island
TO INVEST IN REAL E	SIAIE		
5. Principal Office Addres	SS		
	<u>LSONS WAY</u> <u>ST GREENWICH</u> State: <u>R</u>	2 <u>1</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact	Person:
	Title: <u>_SONS WAY</u> <u>T GREENWICH</u> State: <u>F</u>	<u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		dress
MANAGER	First, Middle, Last, Suffix DEBRA ZARRELLA	Address, City or Town, State, Zip Code, Country 270 NARROW LANE	
MANAGER	GERALD P ZARRELLA SR	EXETER, RI 02822 USA	
		270 NARROW LANE EXETER, RI 02822 USA	
8. RESIDENT AGENT IN R	RHODE ISLAND - DO NOT ALTER		

<u>02903-</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2013 at 9:11:50 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>TINA MARCHESSEAULT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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