

## 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.		me of the limited liab	pility company		
789096	Scorpio	Realty, LLC			
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rho	de Island	
RI	Real Est	ate Managemei	nt		
5. Principal office address 26 Derby Avenue	1		Gity <b>Johnston</b>	State Ri	Zip <b>02919</b>
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	
Contact Name  Duane Souza			Contact Title  Member		
Street Address 26 Derby Avenue			City <b>Johnston</b>	State <b>RI</b>	Zíp <b>02919</b>
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name	<u> 1860 i miroz ert kon bandili (Koni)</u>	<u>Latingur de 1941 e Palledia (Masulu)</u>
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN R	HODE ISLAND				
	**		retary of State. Changes require	444	

FILED NOV 0 7 2013

W 2137

			k																	
															٠.					
			S																	
:							4	100				-	 ٠.	т,		· ·		٠.,	'	

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

Duane Souza, Member

Print or Type Name of Authorized Person