

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.

		me of the limited liab ON DRIVE, LLC	ility company										
576094	FRESTO	M DRIVE, LEG											
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhode Island	d									
RHODE ISLAND	TO OPE	RATE, MANAGI	E, PURCHASE, LEASE AND SEI	LL REAL ES	STATE.								
5. Principal office address 60 PHILLIPS STREE	L		City NORTH KINGSTOWN	State RI	Zip 02852								
8. MAILING ADDRESS OF	FLIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT PERSO	N:									
Contact Name NANCY L. SHANAH	IAN		Contact Title MEMBER										
Street Address 60 PHILLIPS STREE	= T		NORTH KINGSTOWN	State RI	Zip 02852								
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPL	.ICABLE - <u>DO</u>	NOT LIST MEMBER								
				Manager Name									
Manager Name			Manager Name										
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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 increin are true and correct.

Signature of Authorized Person

Date

NANCY L. SHANAHAN, MEMBER

Print or Type Name of Authorized Person