

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

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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.

RI 5. Principal office address 747 Glebe Street City Taunton MA 02780 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Daniel L. Choiniere Street Address 747 Glebe Street City Taunton MA 02780 City Taunton MA 02780 City Taunton MA 02780 City Taunton Manager Name Daniel L. Choiniere Manager Name Daniel L. Choiniere Street Address 747 Glebe Street City Taunton Manager Name Daniel L. Choiniere Street Address 747 Glebe Street Street Address City Taunton Manager Name Street Address City Taunton MA 02780 City State Manager Name Street Address City State Zip Manager Name Street Address City State Zip State Zip City State Zip City State Zip City State Zip City State Zip Resident IN RHODE ISLAND	1. Entity ID No.		2. Exact name of the limited liability company					
RI Real Estate 5. Principal office address 747 Glebe Street City Taunton MA 02780 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Daniel L. Choiniere Street Address 747 Glebe Street City Taunton MA 02780 City Taunton MA 02780 City Taunton MA 02780 Manager Name Daniel L. Choiniere Manager Name Daniel L. Choiniere Street Address 747 Glebe Street City City State Zip Name Manager Name Daniel L. Choiniere Street Address 747 Glebe Street City State Zip State Zip MA 02780 Manager Name Manager Name Street Address 747 Glebe Street City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Resident Address City State Zip State Zip Resident Address	160663	Montgon	nery and Dunhan	n Streets LLC				
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747 Glebe Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Daniel L. Choiniere Street Address 747 Glebe Street City Taunton Manager Name Daniel L. Choiniere Manager Name Daniel L. Choiniere Street Address 747 Glebe Street Manager Name Daniel L. Choiniere Street Address 747 Glebe Street Street Address 748 Glebe Street Street Address 749 Glebe Street Street Address 740 Glebe Street Street Address 741 Glebe Street City Taunton Manager Name Manager Name Street Address Street Address 747 Glebe Street City State Manager Name Street Address Street Address Street Address Street Address Street Address City State Street Address	RI	Real Est	Real Estate					
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Street Address Taunton State Manager	6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:			
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Manager Name Daniel L. Choiniere Manager Name Manager Name								
Street Address 747 Glebe Street City Taunton MA State Manager Name Street Address Street Address City City State Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip State Zip Street Address			PRESSES) OF THE LI	MITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
747 Glebe Street City State MA	Manager Name Daniel L. Choiniere			Manager Name				
Taunton MA 02780 Manager Name Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND				Street Address				
Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND			Zip 02780	City	State	Zip		
	Manager Name			Manager Name				
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
This information is currently of record in the Office of the Secretary of State, Changes require filing Form 642.	8. RESIDENT AGENT IN F	HODE ISLAND				<u> </u>		
	This information is currer	ntly of record in the	e Office of the Secret	ary of State. Changes requir	e filing Form 642.			

FILED

NOV 1 8 2013

BY	<u> 14/2 </u>	
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.	
Check No	mel Louis de 11/16/13	ļ
By:	Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	Daniel L. Choiniere	
FUN SEUNEIANT OF STATE USE UNLT	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012