

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

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 na	2. Exact name of the limited liability-company					
141394	Ala	mauin	Properties LLC				
3. State of Formation	4. Brief des	cription of the charac	ter of business conducted in Rhode Is	sland			
RI	PR	ô per for	holding				
5. Principal office address	un (Zrad	City/RUM-for Vac	State	Zip 0 20	916	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	ISON:			
Contact Name	Sonsa		Contact Title	Contact Title			
Street Address /	· · · · · ·		City	State	Zip		
110/1	19 mgui	n Road	- Muntuc	AT	7	25/6	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO NO</u>	T LIST ME	MBERS	
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip 2	CO CO	
Manager Name	,	·	Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip 😛	12 12 13 13	
8. RESIDENT AGENT IN RHODE ISLAND						드	
This information is curren	tly of record in the	e Office of the Secr	etary of State. Changes require filir	ng Form 642.	<u>ග</u>		
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FILED

NOV 22 2013

By 49-21447

A. A. 1.54 p.m.

	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statement
	and that all statements contained herein are true and correct.
Check No	
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	1 Anna Imsa-
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012