RALPH MOILE	State of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S	treet	
	Providence RI 029		
retary of St	(401) 222-30	40	
Limited Liability Cor	npany		
Annual Report			
Filing Period: September	1 - November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a	a penalty tee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2013</u>		
1. ID No. <u>00079333</u>	36		
2. Exact Name of the Limited Liability Company Sophia Pax, LLC			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
Real Estate			
5. Principal Office Addr	ess		
No. and Street: 2000 C	CHAPEL VIEW BOULEVARD		
	<u>ISTON</u>	State: <u>RI</u> Zip: <u>02920</u> Co	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: LORI P	LANTE Contact Title:		
	HAPEL VIEW BLVD. SUITE 36	60	
City or Town: CRANS		State: <u>RI</u> Zip: <u>02920</u> C	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
MICHAEL F. SWEENEY, ESQ. ONE FINANCIAL PLAZA SUITE 1800 PROVIDENCE, RI 02903			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 25 Day of November, 2013 at 11:51:57 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>CAROLYN A. RAFAELIAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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