



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. 000790647		2. Exact name of the limited liability company EXTENSION PROPERTIES, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Rental of real property.			
5. Principal office address 15 Extension 184		City Ashaway	State RI	Zip 02804	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nancy E. Greene		Contact Title Manager			
Street Address PO Box 189		City Ashaway	State RI	Zip 02804	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Nancy E. Greene		Manager Name Ellen R. James			
Street Address 75 Egypt Street		Street Address 7 Palmer Street			
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 27 2013

BY 110

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Nancy E. Greene **11/25/2013**
 Signature of Authorized Person Date

Nancy E. Greene
 Print or Type Name of Authorized Person