



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. 111113		2. Exact name of the limited liability company Commerce Park Associates 12, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate Development - Acquisitions, Sales, Construction and/or Leasing			
5. Principal office address 207 Quaker Lane, Suite 300		City West Warwick	State RI	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nicholas E. Cambio		Contact Title Manager			
Street Address 207 Quaker Lane, Suite 300		City West Warwick	State RI	Zip 02893	
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 Nicholas E. Cambio		Manager Name Vincent A. Cambio			
Street Address 207 Quaker Lane, Suite 300		Street Address 207 Quaker Lane, Suite 300			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Manager Name Melissa A. Faria		Manager Name			
Street Address 207 Quaker Lane, Suite 300		Street Address			
City West Warwick	State RI	Zip 02893	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 ✓

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SECRETARY OF STATE
CORPORATIONS DIV

File Date _____

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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.

Signature of Authorized Person

Date

Nicholas E. Cambio

Print or Type Name of Authorized Person