

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 _20/3

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 nai	2. Exact name of the limited liability company					
274236	PLACE	S & SPACE	S REALTY LLC.				
3. State of Formation	4. Brief des	cription of the charac	ter of business conducted in Rhode Isl	and			
RT.	PEA/	E CTREE	SALES AND RENTAL	6			
5. Principal office address	NETC	ESITIE	City	State	Zíp		
23/ MAN ST.			PAUTUCKET	RI.	02860		
		TY COMPANY AND	NAME OR TITLE OF CONTACT PERS	son:			
Contact Name	\		Contact Title				
AGUEDA D	· DEL BOI	eg o	PRESIDENT	T-	T		
Street Address	·		City	State	Zip	3 0 / -	
153 WALCOTT ST.			PAWTUCKET	R.T.	02860		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO NO	OT LIST	MEMBER	s
("X" BOX FOR ATTAC		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP Manager Name	PLICABLE - <u>DO N</u> O	OT LIST	MEMBER	S
		DRESSES) OF THE		PLICABLE - DO NO	OT LIST	MEMBER	S
("X" BOX FOR ATTAC Manager Name		Zip	Manager Name	State	Zip		In Marin
("X" BOX FOR ATTAC Manager Name Street Address City	HMENT)		Manager Name Street Address		Zip	2013 DE	
("X" BOX FOR ATTAC Manager Name Street Address	HMENT)		Manager Name Street Address City		Zip	2013	In Marin
("X" BOX FOR ATTAC Manager Name Street Address City Manager Name	HMENT)		Manager Name Street Address City Manager Name		Zip	2013 DEC 20 PA	
("X" BOX FOR ATTAC Manager Name Street Address City Manager Name Street Address	State State	Zip	Manager Name Street Address City Manager Name Street Address	State	Zip	2013 DEC 20	

DEC 20 2013 By 49 - 213389

File Date Check No	Under penalty of perjury, I this report, including any and that all statements co
	Print or Type Name of Autho

Form No. 632 Revised: 01/2012

declare and affirm that I have examined accompanying schedules and statements,

ntained herein are true and correct. CC. 20,20/3

DEL BURGO