



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
• 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 penalty fee of \$25.00.

1. ID No. 135827		2. Exact name of the limited liability company RACHELWORKS LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment Co	
5. Principal office address 91 Topelo Hill Drive		City Cranston	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Rachel Rafaelian		Zip 02920	
Street Address 91 Topelo Hill Drive		City Cranston	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐		Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

DEC 23 2013

BY CU 213492

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2013 DEC 23 AM 11:56
SECRETARY OF STATE
CORPORATIONS DIV

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.

Rachel Rafaelian 12-20-13
Signature of Authorized Person Date

RACHEL RAFAELIAN
Print or Type Name of Authorized Person