



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

Amended

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. 792304		2. Exact name of the limited liability company 125 Pleasant View Avenue, LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate Rental Title 7-16	
5. Principal office address 357 Putnam Pike		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name C/O Joseph Passaretti		Contact Title Accountant	
Street Address 357 Putnam Pike		City Smithfield	State RI
		Zip 02917	
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 KEVIN CONNAUGHTON		Manager Name JAMES CHRISTOPHER CONNAUGHTON	
Street Address 83 FAIRHAVEN RD		Street Address 18919 HONEY MASQUITA RD	
City COMBUTANT	State NY	City SAN ANTONIO	State TX
Zip 02864		Zip 78258	
Manager Name SUSAN GRANTISON		Manager Name	
Street Address 111 SCENIC DR WEST		Street Address	
City CROTON	State NY	City	State
Zip 10520		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.			

SECRETARY OF STATE
CORPORATIONS DIV
JAN 23 PM 12:36

FILED

JAN 23 2014

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

Print or Type Name of Authorized Person

10/24/13
Date

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY