

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 - Yhis 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.

121100	2. Exact name of the limited liability company 21 Tews Court, LLC					
121190						
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Rental Real Estate					
5. Principal office address 56 Poplar Street				State RI	Zip 02840	
. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
ntact Name Deborah Arnold			Contact Title Member			
treet Address 56 Poplar Street			City Newport	State RI	Zip 02840	
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE	
The second secon				Manager Name		
	•		Manager Name			
Manager Name	-		Manager Name Street Address			
Manager Name Street Address	State	Zip		State	Zip	
Manager Name Street Address Dity	•		Street Address	State	Zip	
Manager Name Street Address City Manager Name	•		Street Address City	State	Zip	
Manager Name Street Address City Manager Name Street Address	•		Street Address City Manager Name	State	Zip Zip	
Manager Name Street Address City Manager Name Street Address	State	Zip	Street Address City Manager Name Street Address City			

FILED

FEB 03 2014

File Date BY 1736	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.		
Check No	Ocharah R. Cando Signature of Authorized Person	1/30/10 Date	
	Deborah R. Arnold		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012