

## 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.

517637	Torrestor	2. Exact name of the limited liability company. Forrester & Greene Holdings, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island Rent Residential Real Estate and Holdings					
Rhode Island	Kent Kes	ideliliai ittai Et	tate and frequings				
5. Principal office address 725 Reservoir Avenue			City Cranston	State <b>RI</b>	Zip <b>02920</b>		
6. MAILING ADDRESS OF LIK	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Geoffrey M. Parrillo			Contact Title				
Street Address 725 Reservoir Avenue	, Suite	304	City Cranston	State <b>RI</b>	Zip <b>02920</b>		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DE ISLAND		<u> </u>				
This information is currently	of record in th	e Office of the Sec	retary of State. Changes requi	re filing Form 642.			

## FILED

FEB 1 9 2014 BY\_\_\_20846

File Date	this report, including any accompanying sch	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	Deoffrey in Parrille	2/5/14		
By:	Signature of Authorized Person	Date		
	Geoffrey M. Parrillo			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012