

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.

1. Entity ID No. 762570	2. Exact nar Rita Rea	ne of the limited liab ty, LLC	ility company									
3. State of Formation	4. Brief desc Real Esta	ription of the charac ate rental	cter of business conducted in Rhode Is	sland	AND THE REST OF THE PROPERTY O							
5. Principal office address 110 Merritt Road	;		City East Providence									
6. MAILING ADDRESS O Contact Name Rita Scorpio	iaeminedië/Abien	Y GOMPANY AND	NAME OR TITLE OF CONTACT PER Contact Title Member	ison: 4 dag dag								
Street Address 110 Merritt Road			City East Providence	City State Zip 02915								
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS							
Manager Name		a anthrivinina a trìd firini i real familiai airis à ria ant an Esta (CE) (Manager Name									
Street Address			Street Address	Street Address								
City	State	Zip	City	State	Zip							
Manager Name		•	Manager Name	Manager Name								
Street Address			Street Address		SEC CC 2014							
City	State	Zip	City	State	Zip APR OPEN							
8. RESIDENT AGENT IN	Construction of the Constr											
This information is curre	ently of record in the	Office of the Secr	etary of State. Changes require filir	ig Form 642.	- 2 <u>1</u> 2							
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Form No. 632 Revised: 01/2012 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.

R. ta Senence	-3	26 -	14
Signature of Authorized Person		Date	

Rita Scorpio

Print or Type Name of Authorized Person