



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 000139291		2. Exact name of the limited liability company STN LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
5. Principal office address 216 MAIN STREET		City HARRISVILLE		State RI	Zip 02830
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME ON TITLE OF CONTACT PERSON					
Contact Name NIKOLAOS CHALIKIADAKIS		Contact Title MEMBER			
Street Address 216 MAIN STREET		City HARRISVILLE		State RI	Zip 02830
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (-X- BOX FOR ATTACHMENT) ☐					
Manager Name NIKOLAOS CHALIKIADAKIS		Manager Name CHRYSOULA CHALIKIADAKIS			
Street Address 216 MAIN STREET		Street Address 216 MAIN STREET			
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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.					

FILED

APR 17 2014

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File Date: _____
Checked by: _____
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.

Signature of Authorized Person

Date

NIKOLAOS CHALIKIADAKIS
Print or Type Name of Authorized Person