



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 2012

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. <u>536398</u>		2. Exact name of the limited liability company <u>Turnkey Realty, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Realty</u>			
5. Principal office address <u>33 High Meadow CT</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02921</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Lynn Fortini</u>		Contact Title <u>OWNER</u>			
Street Address <u>33 High Meadow CT</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02921</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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DIVISION OF STATE
CORPORATIONS DIV

FILED

JUN 10 2014

By 226032
A.A. 12:17 p.m.

File Date	
Check No.	
By	
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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.

Lynn M. Fortini 6-10-14
Signature of Authorized Person Date
Lynn M. Fortini
Printer Type Name of Authorized Person