

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.	2. Exact nar	ne of the limited liab	oility company				
742947	PH.	ARMA	Realty L	1			
3. State of Formation	4. Brief desc	oription of the charac	cter of business conducted in P	Rhode Island		-	
R.I		al East	ale.				
5. Principal office addres	1St UNI		City Provider	1ce State R.I	Zip	907	
	OF LIMITED LIABILI	Y COMPANY AND	MAME ON THEE OF COMIA	CT PERSON:		X#1.75	
	X BAEZ		Contact Title President				
//		Unit 6	· Provider	11e State	Zip	907	
7. LIST ALL MANAGES ("X" BOX FOR ATTAC	RS (NAMES AND ADD CHMENT) ☐ C	RESSES) OF THE	LIMITED LIABILITY COMPAN	IY-IF APPLICABLE - DO I	NOT LIST ME	MBERS	
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zîp		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHODE ISLAND		Special Section of the second		GLESS SECTION	i i i i i i i i i i i i i i i i i i i	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							
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File Date
Check No.

By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

n or Type Name of Authorized Person