

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 $_$ 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	2. Exact name of the limited liability company HOUGHTON REALTY, LLC					
148908	HOUG						
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to engage in the buying and selling of real estate					
5. Principal office address 22 First Street			City East Providence	State RI	Zip 02914-0000		
	IMPLED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PERS	ON:			
ontact Name Edward N. DeCristofaro		Contact Title Manager					
Street Address 22 First Street			City East Providence	State RI	Zip 02914-0000		
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADD	RESSES) OF THE LIM	ITED LIABILITY COMPANY, IF API	PLICABLE - DO	NOT LIST MEMBERS		
Manager Name Edward N. DeCristofaro			Manager Name				
Street Address 22 First Street			Street Address				
City East Providence	State RI	Zip 02914	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RH	ODE ISLAND						
		e Office of the Secreta	ry of State. Changes require filing	Form 642			
	<u> </u>		,				

FILED

AUG 0 8 2014

File Date	BY <u>56</u>	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	(09/01/2014	
Ву:	0	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Edward N. DeCristofaro		
TON SCONE IANT OF STATE USE ONLY		Print or Type Name of Authorized Person		
erm No. 632	Manager			

Form No. 632 Revised: 01/2012