

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 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. 280065	2. Exact nam RA Crans	2. Exact name of the limited liability company RA Cranston LLC				
3. State of Formation	4. Brief desc	ription of the character	of business conducted in Rhode	Island		
Rhode Island	real estat	e				
5. Principal office address c/o Devcon Enterprises, Inc, 433 S Main St., Suite 30				State CT	Zip 06110	
	FLIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:	*/	
Contact Name Robert A. Landino			Contact Title Manager			
Street Address 433 South Main Street, Suite 300			City West Hartford	State CT	Zip 06110	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [RESSES) OF THE LIM	WITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Robert A. Landino			Manager Name			
Street Address 433 South Main Street, Suite 300			Street Address			
City West Hartford	State CT	Zip 06110	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zìp	City	State	Zipů 🗦	
8. RESIDENT AGENT IN F	RHODE ISLAND				3 2 5 5 5	
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require fil	ing Form 642.	<u> </u>	
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				ırv i declare and el	firm that I have examined	
File Date			this report, including and that all statements	anv accompanying	schedules and statement	
Check No			201			
				Signature of Authorized Person Da		
		Robert A. Landin	Robert A. Landino			
FOR SECRETARY OF S	STATE USE ONLY		Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012