



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. 000140491 | | 2. Exact name of the limited liability company 2211 Realty, LLC | | | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island realty company | | | |
| 5. Principal office address 1299 Grafton Street | | City Worcester | State MA | Zip 01604 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name Michell Grasseschi | | Contact Title Manager | | | |
| Street Address 1299 Grafton Street | | City Worcester | State MA | Zip 01604 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name Michell Grasseschi | | Manager Name | | | |
| Street Address 1299 Grafton Street | | Street Address | | | |
| City Worcester | State MA | Zip 01604 | 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. | | | | | |

FILED ✓

SEP 03 2014

BY M 231520

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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.

Michell Grasseschi 12-10-13
 Signature of Authorized Person Date

Michell Grasseschi
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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STATE OF RHODE ISLAND
 DIVISION OF BUSINESS SERVICES