

## 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 name of the limited liability company					
131209	REIT, LL	C					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
04/10/203	OWNER	OWNERSHIP AND MANAGEMENT OF RENTAL PROPERTY					
5. Principal office address 80 BOW STREET			City EAST GREENWICH	State RI	Zip <b>02818</b>		
6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERS	ON:			
Contact Name GREGORY DERDERIAN		Contact Title SECRETARY					
Street Address 80 BOW STREET			City EAST GREENWICH	State RI	Zip <b>02818</b>		
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP	PLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RH	ODE ISLAND						
This information is currently	y of record in the	Office of the Secr	retary of State Emanges require filing	Form 642.			
			**************************************				

File Date	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	Mrsay Dedni	08/31/2014	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	GREGORY DERDERIAN		
FUN SECRETANT OF STATE USE UNLI	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012