

## 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.<br><b>75464</b>   | 2. Exact name of the limited liability company Adler Properties, LLC   |                        |                                      |                  |                     |  |
|--|--|------------------------|--------------------------------------|------------------|---------------------|--|
| 3. State of Formation  Rhode Island  | Brief description of the character of business conducted in Rhode Island     purchase, sale, exchange and or management of real estate |                        |                                      |                  |                     |  |
| 5. Principal office address 604 Putnam Pike  |  |                        | City<br>Greenville                   | State RI         | Zip<br><b>02828</b> |  |
| Contact Name Kenneth Adler   |  |                        | Contact Title<br>member              |                  |                     |  |
| Street Address<br>604 Putnam Pike  |  |                        | City<br>Greenville                   | State <b>RI</b>  | Zip<br><b>02828</b> |  |
|  |  |                        | , Andrews                            |                  |                     |  |
| Manager Name<br>Scott D. Adler   |  |                        | Manager Name<br><b>Kenneth Adler</b> |                  |                     |  |
| Street Address 604 Putnam Pike   |  |                        | Street Address<br>604 Putnam Pike    |                  |                     |  |
| City<br>Greenville   | State<br><b>RI</b>   | Zip<br><b>02828</b>    | City<br>Greenville                   | State<br>RI      | Zip<br><b>02828</b> |  |
| Manager Name   |  |                        | Manager Name                         | Manager Name     |                     |  |
| Street Address   |  |                        | Street Address                       | Street Address   |                     |  |
| City   | State  | Zip                    | City                                 | State            | Zip                 |  |
| The Action and the Control of the Co |  |                        |                                      |                  |                     |  |
| This information is current  | ly of record in the  | e Office of the Secret | ary of State. Changes require        | filing Form 642. |                     |  |

**FILED** 

SEP 0 4 2014

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. S cot O Halls

Signature of Authorized Person

*8-*ત્ર8-ાપ Date

SCOTT D. ADLER

Print or Type Name of Authorized Person



Form No. 632 Revised: 01/2012