

## 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. 156541	2. Exact na Seguin	2. Exact name of the limited liability company Seguin Realty LLC				
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Owning Real Estate				
5. Principal office address 1133 West Main Road			City <b>Middletown</b>	State RI	Zip <b>02842</b>	
8. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Paul Mika			Contact Title Member			
Street Address 1133 West Main Road			City <b>Middletown</b>	State RI	Zip <b>02842</b>	
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI HMENT) 🔲	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>D</u> O	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN F		A 2				
This information is curre	ntly of record in the	Office of the Secr	etary of State. Changes require f	iling Form 642.		
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File Date Check No	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 and true and correct.		
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Paul Mika		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012