



**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>690556</b>                                                                                 |                    | 2. Exact name of the limited liability company<br><b>31 KING CHARLES DRIVE REALTY LLC</b>         |      |                    |                     |
| 3. State of Formation<br><b>MASSACHUSETTS</b>                                                                     |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |      |                    |                     |
| 5. Principal office address<br><b>31 KING CHARLES DRIVE</b>                                                       |                    | City<br><b>PORTSMOUTH</b>                                                                         |      | State<br><b>RI</b> | Zip<br><b>02871</b> |
| Contact Name<br><b>STEVEN PINTO</b>                                                                               |                    | Contact Title<br><b>OWNER</b>                                                                     |      |                    |                     |
| Street Address<br><b>68 CENTER ST</b>                                                                             |                    | City<br><b>FAIRHAVEN</b>                                                                          |      | State<br><b>MA</b> | Zip<br><b>02719</b> |
| Manager Name<br><b>STEVEN PINTO</b>                                                                               |                    | Manager Name                                                                                      |      |                    |                     |
| Street Address<br><b>68 CENTER ST</b>                                                                             |                    | Street Address                                                                                    |      |                    |                     |
| City<br><b>FAIRHAVEN</b>                                                                                          | State<br><b>MA</b> | Zip<br><b>02719</b>                                                                               | City | State              | Zip                 |
| Manager Name                                                                                                      |                    | Manager Name                                                                                      |      |                    |                     |
| Street Address                                                                                                    |                    | Street Address                                                                                    |      |                    |                     |
| City                                                                                                              | State              | Zip                                                                                               | City | State              | Zip                 |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |                    |                                                                                                   |      |                    |                     |

**FILED**

**SEP 05 2014**

cy 1253

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.

Signature of Authorized Person

Date

Steven PINTO  
Print or Type Name of Authorized Person

9/3/14