

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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 nam	e of the limited liability	company			
794880			ROAD,	1 (c		
3. State of Formation	4. Brief descri	ption of the character of	f business conducted in Rhode Is	dend		
Rhode Island	12000	on real	- c to to	aano		
Rhode Island to own real estate 5. Principal office address City State 7						
531 7+5 St. NE			Washington	State	20002	
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Contact Name Victoria K	Hou	<u> </u>	Contact Title			
Street Address			City			
531 7th St.	NE		Washington	State D C	Zip 20007	
Manager Name			Manager Name			
Victoria K. t	1011		Rebeccal	N		
Street Address 531 7 tbst. No			Street Address			
Washing tos	State	Zip	55 GLEN			
Washington	DC	20002	City Nyack Manager Name	State Y	2ip (0960	
Manager Name			Manager Name	101	1(04,0	
Street Address			Street Address			
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his information is currently of r	ecord in the Of	fice of the Secretary	of State, Changes require 48	5		
·			orminges require ming	rom 642.		

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SEP 05 2014

BY 1032

	Under penalty of perjury, i declare and at this report, including any accompanying and that all statements contained herein		
	Signature of Authorized Person		
CONTRACTOR OF FRANCISCO COLY	REBECCA L. HOL		
어린 어머니는 어머니는 어머니는 그 사람들이 되는 것이 되었다면 하는 사람들이 어머리를 받았다면 그 사람들이 되었다.	Print or Time Name of Authorities		

Form No. 632 Revised: 01/2012 firm that I have examined schedules and statements, are true and correct.

Print or Type Name of Authorized Person