

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.		me of the limited liab				
141343		, _				
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rho	de Island		
Rhode Island	Rental re	Rental real estate				
5. Principal office address 148 Stone Avenue			City Warwick	State RI	Zip 02889	
**************************************	OF LIMITED LIABILI	TY COMPANY AND	NAME OR OTHER OF CONTACT	PERSON:		
Contact Name Joan Romano			Contact Title Member			
Street Address 148 Stone Avenue			City Warwick	State RI	Zip 02889	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	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	
8. RESIDENT AGENT IN	RHODE ISLAND					
This information is sure	ently of record in th	Office of the Sec	retary of State. Changes require	filing Form 642		

FILED

SEP 05 2014

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File Date Check No

Form No. 632 Revised: 01/2012 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 trengin are true and correct.

Signature of Authorized Person

Date

Joan Romano

Print or Type Name of Authorized Person