

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

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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.

Entity ID No.	Z. Exact na	ame of the limited liabil	ity company		
123134	PECK R	OCK REALTY, LL	.c		
3. State of Formation	4. Brief des	scription of the charact	er of business conducted in Rho	de Island	
RHODE ISLAND	1	STATE RENTALS			
Principal office addre			City	State	Zip
12 PECK AVENUE			BRISTOL	RI	02809
6. MAILING ADDRESS	OF LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON	02009
Contact Name			Contact Title		
RICHARD J. PIMENTA			MANAGER		
Street Address			City	State	Zip
12 PECK AVENU			BRISTOL	RI	02809
TISTALL MANAGE	DC/MAMEGIAND AD	**************************************		A CONTRACT OF THE PROPERTY OF	
Manager Name		DRESSES) OF THE L	MITED LIABILITY COMPANY, Manager Name	IF APPLICABLE DO	
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Manager Name RICHARD J. PIME Street Address 12 PECK AVENUE	NTA	PRESSES) OF THE L		IF APPLICABLE: <u>DO</u>	NGT LISTEMENTE
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Manager Name RICHARD J. PIME Street Address 12 PECK AVENUE Dity BRISTOL Manager Name Street Address	ENTA State	Zip	Manager Name Street Address City Manager Name		
Manager Name RICHARD J. PIME Street Address 12 PECK AVENUE City BRISTOL Manager Name Street Address City City RESIDENT AGENT II	State RI State RI State	Zip 02809	Manager Name Street Address City Manager Name Street Address	State	Zip

FILED

SEP 0 9 2014

File Date Check No

FOR SECRETARY OF STATE USE ONLY

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 herein are true and correct.

2014

Signature of Mathorized Person

Date

RICHARD J. PIMENTA, MANAGER

Print or Type Name of Authorized Person