

## 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.

1. Entity ID No. 700159		ne of the limited liab STREET LLC	ility company														
3. State of Formation				f business conducted in Rhode Island EMENT OF INVESTMENT REAL ESTATE													
5. Principal office address 16 BUTTERWORTH A	VENUE		City BRISTOL	State <b>RI</b>	Zip <b>02809</b>												
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:													
Contact Name EDWARD J COX, II			Contact Title REGISTERED AGENT														
Street Address 16 BUTTERWORTH A	VENUE		City BRISTOL														
7. LIST <u>ALL</u> MANAGERS (N. III ("X" BOX FOR ATTACHME	AMES AND ADD	RESSES) OF THE	UNITED LABILITYC OMPANYA	IF APPLICABLE - <u>Do</u>	inora estademisersida Estademiser estados de la composição												
Manager Name			Manager Name	Manager Name													
Street Address			Street Address	Street Address													
City	State	Zip	City	State	Zip												
Manager Name			Manager Name	Manager Name													
Street Address			Street Address	Street Address													
City	State	Zip	City	State	Zip												
A RESIDENT AGENT IN RHO	DEISLAND																
This information is currently	of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.													

**FILED** 

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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 horein are true and correct,

J. 60 x

Print or Type Name of Authorized Person