

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1. ID No. 549835	· ·	name of the limited liability company b Land Management, LLC					
			1	Dhada Island			
3. State of Formation Rhode Island	4. Brief descript: Land Mana	4. Brief description of the character of the business which is actually conducted in Rhode Island Land Management					
5 Principal office address			City Warwick	State RI	72ip 02888		
1590 Post Road				J.	102000		
6. MAILING ADDRES	SS OF LIMITED LIAB	ILITY COMPANY AF	ND NAME OR TITLE OF CONTA	ACI PERSON:			
Stephen Russo			.	Member			
Street Address			City	State	Zip		
1590 Post Road			Warwick	RI	02888		
			:	 	1		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS							
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
			<u> </u>				
Сиу	State	Zip	City	State	Zip		
Manager Name			Manager Name				
	**********			<u></u>			
Street Address			Street Address	Street Address			
	······································			State	Zip		
City	State	Zip	City	siate			
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8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).							

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File Date	· · · · · · · · · · · · · · · · · · ·
Check No.	
By:	
FOR SECRETARY OF STATE USE ONL	. Y

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.

 $\mathcal{A}_{\mathcal{A}}$

Signature of Authorized Person

Date

Stephen Russo

Print or Type Name of Authorized Person