

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report 2014**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2014

1. ID No. 000694058

2. Exact Name of the Limited Liability Company ROPAL INVESTMENTS, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE--COMMERCIAL AND RESIDENTIAL SALES AND RENTALS

5. Principal Office Address

No. and Street: 735 MAIN STREET

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ROBERT W PALIOTTA Contact Title: MEMBER

No. and Street: ROPAL INVESTMENTS LLC

735 MAIN ST

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Name	Address
Address, City or Town, State, Zip Code, Country	

FILED

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SEP 11 2014

ROBERT W. PALIOTTA 735 MAIN STREET WEST WARWICK, RI 02893

BY

0531

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: ROBERT W PALIOTTA

Business Name: ROPAL INVESTMENTS LLC

No. and Street: 735 MAIN STREET

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

Contact Phone: (401) 821-2190 ext: 14

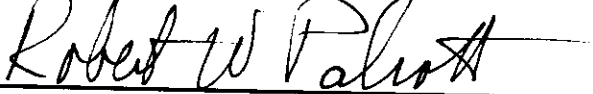
Contact Email: BOBROPAL@VERIZON.

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 2 Day of September, 2014 at 2:50:37 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ROBERT W PALIOTTA

Signature of Authorized Person



Make Corrections

Accept

Form No. 632
Revised 09/07

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