



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. <u>418927</u>		2. Exact name of the limited liability company <u>RST Realty LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate rental / holding company</u>	
5. Principal office address <u>390 Main St.</u>		City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME, TITLE OF CONTACT PERSON			
Contact Name <u>Joyce de Lisle</u>		Contact Title <u>Secretary</u>	
Street Address <u>398 Main St.</u>		City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST NUMBERS (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
Manager Name <u>Stephen A. de Lisle</u>		Manager Name	
Street Address <u>58 Wawton Shippee rd.</u>		Street Address	
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

SEP 11 2014

BY 1232

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Joyce L. de Lisle 9-5-14
Signature of Authorized Person Date

Joyce L. de Lisle
Print or Type Name of Authorized Person