



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. 787654		2. Exact name of the limited liability company ROQUE REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate investment and activities			
5. Principal office address 10 Princess Pine Road, Suite 2000		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ana P. Roque		Contact Title Manager			
Street Address 10 Princess Pine Road, Suite 2000		City Lincoln	State RI	Zip 02865	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Ana P. Roque		Manager Name			
Street Address 10 Princess Pine Road, Suite 2000		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 *AR*

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.

Ana P. Roque *9-6-14*
 Signature of Authorized Person Date

Ana P. Roque
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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