

## 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. 506911	2 Exact nar Richmon	2. Exact name of the limited liability company Richmond 208 Realty, LLC								
3. State of Formation  Rhode Island	4. Brief desc Land Hol	Brief description of the character of business conducted in Rhode Island Land Holding								
5. Principal office address 800 Jefferson Blvd.			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02887</b>					
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:						
Contact Name Michael V. D'Ambra			Contact Title Opperating Manager							
Street Address 800 Jefferson Blvd.			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02887</b>					
7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHN		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT EST MEMBERS					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. RESIDENT AGENT IN RH	IODE ISLAND	#0150235555555555555555555555555555555555	aruprengbagurungan Arshisus di Seluar							
This information is current	ly of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.						

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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 herein are true and correct.

Signature of Authorized Person

Date

4-9-14

Michael V. D'Ambra

Print or Type Name of Authorized Person