



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

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.

1. ID No. 137247		2. Exact name of the limited liability company Arc Holdings, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop, sell and rent real estate and all related activities.			
5. Principal office address 14 Morgan Mill Road		City Johnston	State RI	Zip 02919	
6. CONTACT NAME John J. Pinto		CONTACT TITLE Member			
7. STREET ADDRESS 14 Morgan Mill Road		City Johnston	State RI	Zip 02919	
8. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS		NAME AND ADDRESS OF MEMBER			
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
9. 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 Orson and Brusini Ltd.					

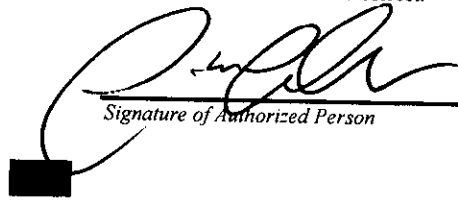
FILED

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

SEP 11 2014

BY JJP

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

 8/27/2014
Date

John J. Pinto, Member

Print or Type Name of Authorized Person

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