



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. 545829		2. Exact name of the limited liability company 544 Douglas Avenue, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase , hold, develop, rent and sell real estate.			
5. Principal office address 544 Douglas Avenue		City Providence	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON					
Contact Name Robert J. Levine			Contact Title Manager		
Street Address 544 Douglas Avenue		City Providence	State RI	Zip 02908	
7. MAILING ADDRESS OF GENERAL MANAGER OF THE LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON					
Manager Name Robert J. Levine			Manager Name		
Street Address 544 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENTIAL 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

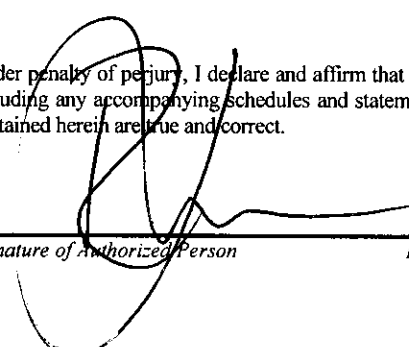
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

SEP 11 2014

BY 1100

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.


Signature of Authorized Person 8/26/14 Date

Robert J. Levine, Manager

Print or Type Name of Authorized Person