

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

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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. 000796715	4450 TO	Exact name of the limited liability company 1450 TC, LLC					
3. State of Formation	To Acqu	4. Brief description of the character of business conducted in Rhode Island To Acquire by Purchase, Exchange, Lease, Hire or Otherwise Real Estate Property of					
NI	Every Ki	nd					
5. Principal office address 95 Sockanosset Crossroad, Suite 203			City Cranston	State RI	Zip 02920		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:			
Contact Name Jeffrey Saletin			Contact Title Manager				
Street Address 95 Sockanosset Crossroad, Suite 203			City Cranston	State RI	Zip 02920		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name Jeffrey Saletin			Manager Name				
Street Address 95 Sockanosset Cr o	ssroad, Suite	203	Street Address				
City Cranston	State RI	Zip 02920	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F	HODE ISLAND			N. A. P. F. G. A. P. G. F. F. G. G. G			
This information is currer	ntly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.			

FILED

File Date	Under penalty of perjury, I declare and affine this report, including any accompanying s	m that thave examined chedules and statements
Check No	and that all salements contained herein a	re true and correct.
Ву:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	2

Form Na. 632 Revised: 01/2012