

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

AKG Reality, LLC 3. State of Formation	1. Entity ID No.	2. Exact na	ame of the limited lia	hility company				
Rhode Island ACQUISITION AND RENTAL OF REAL ESTATE City	797842	AKG Realty, LLC						
Rhode Island ACQUISITION AND RENTAL OF REAL ESTATE City	3. State of Formation	4. Brief des	cription of the chara	acter of business conducted in Bhode I	sland			
### State State	Rhode Island	ACQUIS	ITION AND RE	NTAL OF REAL ESTATE	sianu			
S. MALING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Anthony J. Gazzola, Jr. Contact Title Contact Title	5. Principal office address 80 Watch Hill					Zip 02818		
Contact Title Member Anthony J. Gazzola, Jr. Member City State Zip O2818 City East Greenwich RI Zip O2818 Cuty East Greenwich RI Zip O2818 City East Greenwich RI Zip O2818 Cuty East Address Street Address File D SEP 15 2014 By Company I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Amony J. Gazzola, Jr. Print or Type Name of Authorized Person	B. MAILING ADDRESS OF L	IMITED LIABILI	TY COMPANY AND	NAME OF THE OF CONTACT PER	ISON:			
80 Watch Hill East Greenwich RI UBST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS Anager Name Manager Name Manager Name Street Address FILED SEP 1.5 2014 By Company of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Anthony J. Gazzola, Jr. Print or Type Name of Authorized Person	Anthony J. Gazzola, .		THE STATE OF THE S	Contact Title		<u>with an allowed Missilios espites. As ber</u>		
Annager Name Itreet Address Street Address	Street Address 80 Watch Hill					Zip 02818		
Street Address Street Address Street Address Ity State Zip City State Zip Zip Zip Zip Zip Zip Zip Zi	'. LIST <u>all</u> managers (n ("X" box for attachm	AMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NO 4 IS MEMPERS		
Interest Address Interest Add	Aanager Name			Manager Name				
In the part of the part of the secretary of State. Changes require filing Form 642. Sep 15 2014 By Companying schedules and statement and that all statements contained herein are true and correct. Signature of Agthorized (erson Date of Signature of Authorized Person Print or Type Name of Authorized Person Print or Type Name of Authorized Person	Street Address			Street Address	.,			
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Street Address State Zip State State Street Address State Zip State Zip State Zip State Sta	Manager Name			Manager Name				
State Zip City City City State Zip City City City City City City City City	troot Addroon					# SE		
RESIDENT AGENT IN RHODE ISLAND inis information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED SEP 15 2014 By 3300000 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Approvized Person Anthony J. Gazzola, Jr. Print or Type Name of Authorized Person				Street Address		8 255		
FILED SEP 15 2014 By: Check No By: Signature of Authorized Person With Interest and State Only Print or Type Name of Authorized Person	ity	State	Zip	City	State	Zip 20≥≥		
FILED SEP 15 2014 By COOLUMN White Date Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Apthorized Person One SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person								
FILED SEP 15 2014 By 2300000 A. A. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized (er)on Date Anthony J. Gazzola, Jr. Print or Type Name of Authorized Person	nis information is currently	of record in the	Office of the Secr	etary of State. Changes require filin	g Form 642.	2 2 1		
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Anthorized Person Print or Type Name of Authorized Person			FILED	r				
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Check No Signature of Authorized Person Conservation of State Use ONLY Signature of Authorized Person Signature of Authorized Person Print or Type Name of Authorized Person			H·H,					
Signature of Apthorized Person Date Anthony J. Gazzola, Jr. Print or Type Name of Authorized Person	File Date			this report, including any	accompanying si	chedules and statements		
OR SECRETARY OF STATE USE ONLY Anthony J. Gazzola, Jr. Print or Type Name of Authorized Person	Check No			STUM	mained nerein ar	e true and correct.		
Print or Type Name of Authorized Person	Зу:			Signature of Authorized Per	Date			
		이 시작 중에 되는 사고 있는 사람들이 되었다.						
	m No. 632	4 : 사명의 기인 및 및입된 : -		Fillit or Type Name of Author	orized Person			

Revised: 01/2012