

## 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.	2. Exact name (	of the limited liability c	ompany			
541427		Properties				
3. State of Formation	4. Brief descript	ion of the character o	f business conducted in Rhode	Island		
RI	Propert	y Management				
5. Principal office address			City	State	Zip	
181 Broadway			Providura	RE .	02403	
6. MAILING ADDRESS OF LIM	ITED LIABILITY C	OMPANY AND NAM		ERSON:		
Contact Name	Zoblus		Contact Title			
Street Address			City	State	Zip	
191 Browling			Providence	Ř	02903	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN	MES AND ADDRE	SSES) OF THE LIMIT		APPLICABLE - DO N	OT LIST MEMBER	S
Manager Name			Manager Name			
Nolson Robbles Street Address Doc GAK lawn And			Street Address			
City	State RI	Zip	City	State	Zip 🛌 🧠	<u></u>
Cranstan	KE	02900			Zip 2	٦٦ د
Manager Name			Manager Name		SEP SEP	1
Street Address			Street Address			
					<b>-니</b>	- [
City	State	Zip	City	State	Zip 🚎 🥰	
8. RESIDENT AGENT IN RHOD	FISI AND				<u> </u>	
This information is currently o		fice of the Secretary	of State. Changes require fi	ling Form 642	- <del> </del>	
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File Date Check No			Under penalty of perju this report, including a and that all statements	ny accompanying sc	hedules and stateme	
Ву:	<del></del>		Signature of Authorized	Person	Date	
FOR SECRETARY OF STATE	USE ONLY		Print or Type Name of A			
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Form No. 632 Revised: 01/2012