

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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 co	mpany		
508071	7. 5.	A. PROP	ERTIES L-L	. C-	n vere
3. State of Formation	4. Brief description	on of the character of t	ousiness conducted in Rhode Islan	nd	
R.I.	PURCHASE HOUSES AND RENT THEM				
5. Principal office address			City	State	Zip
135 MARLOW ST			CRANSTON	R.I.	02920
	ED LIABILITY CO	OMPANY AND NAME	OR TITLE OF CONTACT PERSO	DN:	
Contact Name			Contact Title		
ANTHONY A. CASTELLI Street Address			MANAGER		
135 MARLOW ST			CRANSTON	State R.I.	Zip 07-92-0
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMIT					
("X" BOX FOR ATTACHMENT) [SES) OF THE LIMITE	ED LIABILITY COMPANY, IF APP	LICABLE - <u>DO NC</u>	T LIST MEMBERS
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
8. RESIDENT AGENT IN RHODE	ISLAND				1
This information is currently of		ce of the Secretary of	of State. Changes require filing F	orm 642,	
			E	SEP 1	.ED 7 2014 286
File Date			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 Date		
FOR SECRETARY OF STATE USE ONLY			ANTHONY A - CASTELLI		

Form No. 632 Revised: 01/2012