



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. 000576183		2. Exact name of the limited liability company Rockwood Lane Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company			
5. Principal office address 4 Frank Avenue		City West Kingston	State RI	Zip 02892	
6. Mailing address of the limited liability company		7. Mailing address of the limited liability company			
Contact Name Matthew O. Davitt		Contact Title Manager			
Street Address 4 Frank Avenue		City West Kingston	State RI	Zip 02892	
8. Mailing address of the authorized person		9. Mailing address of the authorized person			
Manager Name Matthew O. Davitt		Manager Name			
Street Address 4 Frank Avenue		Street Address			
City West Kingston	State RI	Zip 02892	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

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

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

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.

Matthew O. Davitt 9-7-14
Signature of Authorized Person Date

Matthew O. Davitt, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By _____
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