



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. 98079		2. Exact name of the limited liability company ROAN REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop and lease real estate.			
5. Principal office address 21 Slater Road		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF CONTACTED MEMBER (OPTIONAL)		Contact Title Manager			
Contact Name Robert E. Piacitelli		City Cranston	State RI	Zip 02920	
Street Address 21 Slater Road		7. MAILING ADDRESS OF CONTACTED MEMBER (OPTIONAL)			
Manager Name Robert E. Piacitelli		Manager Name Angela V. Piacitelli			
Street Address 21 Slater Road		Street Address 21 Slater Road			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Manager Name Robert E. Piacitelli, Jr.		Manager Name David J. Piacitelli			
Street Address 21 Slater Road		Street Address 21 Slater Road			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

FILED

SEP 18 2014

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). 1609

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.

Robert E. Piacitelli 8/Sept/14
Signature of Authorized Person Date

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

Robert E. Piacitelli, Manager

Print or Type Name of Authorized Person