

## 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.

d Entity ID 61a	A   E				
1. Entity ID No.		me of the limited liab	• •		
791727		agais Ke	ealty, LLC		
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhode	Island	
Rhode Islau		tal Pur	chase		
5. Principal office address	ess LAVE		City Canston	State	Zip
6. MAILING ADDRESS	S OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	<u> </u>
Contact Name Elaine	2 Proeum	۹	Contact Title Owner   Mana	ager	
Street Address 6 Welfare Ave			Cranston	State	02910
7. LIST ALL MANAGE ("X" BOX FOR ATT	ERS (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
		<u> </u>	Oli Cot Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address		<u>.                                      </u>	Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT I	and the state of t				
This information is cu	rrently of record in the	Office of the Secre	etary of State. Changes require fill	ng Form 642.	<u> </u>
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SEP	<sup>9</sup> 1 9 2014				
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BY M	232632	<del></del>			
File Date			Under penalty of perjury this report, including an and that all statements of	y accompanying s	rm that I have examined schedules and statements, re true and correct.
Check No			Elane C	Prouve	- 9-19-14
Ву:	Andrew Special		Signature of Authorized P	erson	Date
FOR SECRETARY OF	STATE USE ONLY		Elaine C	Proeu	ng
			Print or Type Name of Aut	norized Person	

Form No. 632 Revised: 01/2012