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**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 2013

**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 company |
|---|---|
| 133331 | Container Realty Company, LLC |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island |
| Rhode Island | to hold, own, buy, sell, pledge or otherwise deal in any and all investment opportunities |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 3 Venus Way | Attleboro | MA | 02703 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title | | |
|---|---|---|---|
| Gail A. Conca | Operating Manager | | |
| **Street Address** | **City** | **State** | **Zip** |
| P.O. Box 2306 | Pawtucket | RI | 02861 |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)** ☐

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Glen M. Gardiner | 3 Venus Way | Attleboro | MA | 02703 |
| Gail A. Conca | 3 Venus Way | Attleboro | MA | 02703 |
| J. Samuel Abbott | 3 Venus Way | Attleboro | MA | 02703 |
| | | | | |

**8. RESIDENT AGENT IN RHODE ISLAND**
**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.**

4:34 pm
**FILED**
SEP 22 2014
By 232793
KM

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

**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: 05/20/2014

J. SAMUEL ABBOTT
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
111259-2-986097