

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.

1. Entity ID No.		2. Exact name of the limited liability company					
116973	Yaleville	Properties, LL	C				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Real estate business					
RHODE ISLAND	Real est						
5. Principal office address 1130 Ten Road Road	<u>L</u>		City North Kingstown	State RI	Zip 02852		
6 MAILING ADDRESS OF L	IMITED LIABILI	TY COMPANY AND	NAME OF THEE OF CONTACT PERS	SON: 11 KAL			
Contact Name Thomas Regan			Contact Title Member				
Street Address 1130 Ten Road Road				State RI	Zip 02852		
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name None			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	anager Name			Manager Name			
Street Address	,		Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO		Br. P. C.	A CONTRACTOR OF THE PROPERTY O				
This information is currently	of record in the	e Office of the Secr	etary of State. Changes require filing	g Form 642.			

FILED

SEP 2 4 2014

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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.			
Check No	Signature of Authorized Person	Pate	3 1	
FOR SECRETARY OF STATE USE ONLY	Thomas Regan		·	
	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012