

1. Entity ID No.

487985

3. State of Formation

## 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

Coventry Realty, LLC

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

Rhode Island	PURCHA	ASE, SALE, LEAS	DE AND KENTAL OF REA	AL ESIATE		
5. Principal office address 141 Power Road			City Pawtucket	State RI	Zip <b>02860</b>	
6. MAILING ADDRESS	OF LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	Consider Anna Maria	
Contact Name Mark P. Welch			Contact Title Registered Agent			
Street Address 141 Power Road			City Pawtucket	State RI	Zip <b>02860</b>	
7. LIST ALL MANAGE! ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	PRESSES) OF THE LI	MITTED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Allen H. Cicchitelli			Manager Name			
Street Address 1478 Atwood Avenue, #211			Street Address			
City Johnston	State <b>RI</b>	Zip 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN	RHODE ISLAND		The second second	The state of the s		
This information is cur	rently of record in the	e Office of the Secreta	ary of State. Changes require	filing Form 642.		
		FILED				
		SEP 2 2 20	14			
		5/03	•			
	7.4_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
File Date	<del></del>		Under penalty of perj this report, including and that all statemen	any accompanying	irm that I have examined schedules and statements are true and correct.	
Check No			Mushlech	The 111h	nde 09/10/2014	
By:			Signature of Authorize		Date	
FOR SECRETARY OF STATE USE ONLY				ALLEN H. CICCHITELLÍ  Print or Type Name of Authorized Person		
			Print or Type Name of	Authorized Person		

Form No. 632 Revised: 01/2012