

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 SEP 23 PM 4:08

**Limited Liability Company
Annual Report 2014**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2014

1. ID No. 000821377

2. Exact Name of the Limited Liability Company Interstate Property Management, LLC.

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

For the purpose of buying, selling, or renting, and maintenance of real estate. For screening of potential renters and for coordination /maintenance and upkeep of real estate as well as protection and security of properties.

Also, for promoting new types of real estate businesses. All general related matters in property management, development, and management.

5. Principal Office Address

No. and Street: 10 WOODLAND DRIVE

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DAVID M. ROMANO Contact Title: PRESIDENT

No. and Street: 10 WOODLAND DRIVE

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

FILED

Name

Address

SEP 23 2014

BY HL 030890
4:08

DAVID M ROMANO	Address, City or Town, State, Zip Code, Country 10 WOODLAND DRIVE WEST WARWICK, RI 02893 USA
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID M. ROMANO 10 WOODLAND DRIVE WEST WARWICK , RI 02893

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: DAVID M. ROMANO

Business Name:

No. and Street: 10 WOODLAND DRIVE

City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

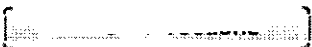
Contact Phone: _____

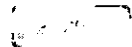
Contact Email: _____

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 23 Day of September, 2014 at 3:34:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By David M. Romano
Signature of Authorized Person





Form No. 632
Revised 09/07

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