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

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SECRETARY OF STATE
CORPORATIONS DIV

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

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BY VL 230890
4:08

Name	Address

111311-1-920271

	Address, City or Town, State, Zip Code, Country
DAVID M ROMANO	10 WOODLAND DRIVE WEST WARWICK, RI 02893 USA

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