

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 Brookside Apartments LLC					
793965							
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
RI	Real Est	Real Estate					
5. Principal office address 75 Lambert Lind Highway			City Warwick	State RI	Zip 02886		
6. MAILING ADDRESS OF	FLIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
contact Name Robert Picerne		Contact Title Member					
Street Address 75 Lambert Lind Highway			City Warwick	State RI	Zip 02886		
7. LIST ALL MANAGERS	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
("X" BOX FOR ATTACHMENT) Manager Name Street Address			Manager Name Street Address				
						City	State
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F							
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.			



File Date	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements contained herein are true and correct.	
Check No		09/15/2014
Bv:	Signature of Authorized Person	Date
	Robert Picerne	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012