



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
 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.

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

1. Entity ID No. 642168		2. Exact name of the limited liability company ECS RI MANAGEMENT SERVICES LLC			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 47 WESTMORELAND ST.			City NARRAGANSETT	State R.I.	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GREGORY MARDEROSIAN, ESQ			Contact Title ATTORNEY		
Street Address 400 RESERVOIR AVE. SUITE 2K			City PROVIDENCE	State R.I.	Zip 02907
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name EDMUND C. SCIARRETTA			Manager Name		
Street Address 47 WESTMORELAND ST.			Street Address		
City NARRAGANSETT	State R.I.	Zip 02882	City	State	Zip
Manager Name STEVEN A. SCIARRETTA, ESQ			Manager Name		
Street Address 2799 N.W. BOCA RATON BLVD, #203			Street Address		
City BOCA RATON	State FL	Zip 33431	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND GREGORY MARDEROSIAN, ESQ					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 29 2014

BY 1015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Edmund C. Sciarretta 9/25/14
 Signature of Authorized Person Date

EDMUND C. SCIARRETTA
 Print or Type Name of Authorized Person