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

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. 000103916

2. Exact Name of the Limited Liability Company 390-400 METACOM AVENUE, LLC

3. State of Formation

State: RI

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

PROPERTY MANAGEMENT

5. Principal Office Address

No. and Street: 210 GOODING AVENUE
City or Town: BRISTOL State: RI Zip: 02809 Country: USA

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

Contact Name: Contact Title:
No. and Street: 1061 HOPE STREET
City or Town: BRISTOL State: RI Zip: 02809 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Name	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FILED
SEP 29 2014
BY 1076

111477-23-990791

KAREN A. ALEGRIA 1061 HOPE STREET BRISTOL , RI 02809

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: Karen A Alegria
Business Name: 390-400 Metacom Ave llc
No. and Street: 210 Gooding Avenue
City or Town: Bristol State: RI Zip: 02809 Country: USA
Contact Phone: (401) 396-9040 ext:
Contact Email: kpiproperties@aol.com
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 24 Day of September, 2014 at 2:24:46 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 Karen A Alegria
Signature of Authorized Person

FILED
SEP 2 5 2014
BY 103916

Make Corrections Accept

Form No. 632
Revised 09/07