

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. 509117		2. Exact name of the limited liability company Lakeside Investments, LLC				
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate Transactions				
5. Principal office address 11 Katie Drive			City Warren	State RI	Zip 02885	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	T PERSON:		
Contact Name Thomas R. Furtado			Contact Title			
Street Address 11 Katie Drive			City Warren	State RI	Zip 02885	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		ORESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>		Manager Name	· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN R	HODE ISLAND				m c n	
		e Office of the Secr	etary of State. Changes requir	e filing Form 642.		
	FILED OCT 0 6 201	4			PORATIONS DIV	
File Date		11:01	this report, including and that all statements	ng any accompanying sents contained herein a	10/6/19	
By:	ATE USE ONLY		Signature of Authorized Person Date Thomas R. Furtado Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012