

## 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 \_ 20 / 4

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 Event nor	na of the limited !-!	ST DECEMBER I WILL RE	SULT IN A \$25.00 P	ENALIY FEE.	
Marx:	<b>`</b> ./	ne of the limited liab	Coferties, LL	^	<del></del>	
3. State of Formation			•			
2. T	4. Brief desc		cter of business conducted in Rho	de Island		
		RENTAL	- PROPERTY			
5. Principal office address  Kensing Fon St			Sin. Made	State	2ip 02917	
6. MAILING ADDRESS Contact Name	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	ranger applier to the production of	
Kobert A. Ricci			OWNER	Contact Title  Owner		
Street Address Kensing for St			Sm. Th field	d State	Zip 02917	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
Dity	State	Zip	City	State	Zip	
3. RESIDENT AGENT IN					William Salah Kabula Markayan IA (11-101)	
his information is curr	ently of record in the	Office of the Secre	etary of State. Changes require	filing Form 642.		
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OCT	0 6 2014					
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BY_Cn_	233662 1:15	•			: <b>15</b>	
File Date			Under penalty of per this report, including and that all statemen	apy accompanying s	rm that I have examined schedules and statements, re true and correct.	

Signature of Authorized Person

Print or Type Name of Authorized Person

10-6-14

Date

100

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

Check No