

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. 00046454	8 2 Exact na Forsons	2 Exact name of the limited liability company Forsons Realty, LLC								
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate Holding								
5. Principal office address 225 HOPKINS HILL ROAD			City COVENTRY	State Rhode Is	sland ^{Zip} 02816					
6. MAILING ADDRESS	OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:						
Contact Name DANIEL FERRAR	A		Contact Title Member							
Street Address 225 HOPKINS HILL ROAD			City COVENTRY	State Rhode Is	Zip 02816					
7. LIST ALL MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS					
Manager Name			Manager Name	Manager Name						
Street Address			Street Address	Street Address						
City	State	Zip	City	State	29 A					
Manager Name			Manager Name	AM S						
Street Address	· ·		Street Address	F: 3						
City	State	Zip	City	State	Zip					
8. RESIDENT AGENT IN										
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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.

Signature of Authorized Person

Date Date

DANIEL FERRARA

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012