

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. 799903	2. Exact name of the limited liability company 24 Amancio Street , LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island Rental Unit Property				
5. Principal office address 33 Lexington Ave			City North Kingstown	State RI	Zip 02852
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NA	ME OR TITLE OF CONTACT PER	SON:	
Contact Name Elizabeth L. McQuaid			Contact Title Business Partner		
Street Address 33 Lexington Ave			City North Kingstown	State RI	Zip 02852
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES) OF THE LIM	ITED LIABILITY COMPANY, IF AI	PPLICABLE - DO	NOT LIST NEMBERS
Manager Name Elizabeth L. McQuaid			Manager Name		
Street Address 33 Lexington Ave			Street Address		
North Kingstown	State Ri	Zip 02852	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE	ISLAND			!	
This information is currently of r	ecord in the Offi	ce of the Secretar	ry of State. Changes require filin	g Form 642.	
		FILED			
	7.7	0 6 2014	 -		
File Data				accompanying	firm that I have examined schedules and statements are true and correct.
Check No			Elliel		_ 10.3.14
By:	<u>_</u>		Signature of Authorized Pe		Date
FOR SECRETARY OF STATE USE ONLY			Elizabeth L. McQuaid		
			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012