

## 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.		2. Exact name of the limited liability company				
112223	TJ REAI	LTY, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Buying,	Buying, selling, owning and managing of real estate.				
5. Principal office address 134 Aquidneck Avenue			City Middletown	State RI	Zip <b>02842</b>	
6. MAILING ADDRESS (	OF LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Theodore A. Platz, III			Contact Title Member			
Street Address 1038 Aquidneck Avenue			City Middletown	State RI	Zip <b>02842</b>	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) []	PRESSES) 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			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN	RHODE ISLAND					
			etary of State. Changes require f			

FILED

OCT 0 6 2014

.,	15/		
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	and that all statements contained herein are true and correct.		
<b>By:</b>	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Theodore A. Platz, III		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012