

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. 419186	REMPOI	RUMPOLE, LLC				
3. State of Formation	4. Brief des to purch	cription of the characte	er of business conducted in Rhod ase or develop real estat	business conducted in Rhode Island or develop real estate		
Rhode Island						
5. Principal office address 123 Dyer Street, Suite 3B			City Providence	State RI	Zip 02903	
ALIGNATURE OF	SAMMES LAND	TEGERALANDIN	Macronia de Contra	BOOK ON THE STATE OF THE STATE		
Contact Name John D. Biafore			Contact Title Attorney			
Street Address 123 Dyer Street, Suite 3B			City Providence	State RI	Zip 02903	
7. LIST <u>all</u> manager ("X" box for attac	S (NAMES AND ADD HMENT) [RESSES) OF THE LI	MITED LIABILITY COMPANY, II	APPLICABLE - <u>Po</u>	NOT LIST MEMBERS	
Manager Name John D. Biafore			Manager Name			
Street Address 123 Dyer Street, St	uite 3B		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN				<u> </u>		
This information is curr	ently of record in the	e Office of the Secret	ary of State. Changes require t	iling Form 642.		

FILED

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	Under penalty of perjury, I declare and affirm that I have examined		
File Date	this report, including any accompanying schedules and state		
	and that all statements contained herein are true and correct.		
Check No	The Dufe 10/3/1	' ~ /	
Ву:	Signature of Authorized Person Date	7	
FOR SECRETARY OF STATE USE ONLY	John D. Biafore, Manager		
FOR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012