

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

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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. 1561	CALER	me of the limited lial REALTY, LLC	bility company			
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rh VELOP AND MANAGE RI	ode Island EAL ESTATE		
5. Principal office address 2013 Plainfield F	Pike		City Johnston	State RI	Zip 02919	
Contact Name Hagop S. Jawha		TY COMPANY AND	NAME OR TITLE OF CONTACTOR Contact Title Member	PERSON:		
Street Address 2013 Plainfield P	ike		City Johnston	State RI	Zip 02919	
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT	RS (NAMES AND ADD ACHMENT)	RESSES) 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	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT I		Office of the Country	etary of State. Changes require			
		· ·	FILED 1 0 6 2014 739	e tiling Form 642.		
File Date			Under penalty of pe	Under penalty of perjury, I declare and affirm that I have examined		

and that all statements contained berein are true

Hagop S. Jawharjian

Print or Type Name of Authorized Person

and correct.

10/02/2014 Date

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

Check No _