

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.		me of the limited lial	bility company		
486723	Doc Pro	perties, LLC			
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rhod	le Island	
Rhode Island		Management			
5. Principal office address 667 Academy Avenue			City Providence	State RI	Zip 02904
6. MAILING ADDRESS	OF LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT E	PERSON:	
Contact Name Dennis J. Lanni			Contact Title Member		
Street Address 667 Academy Avenue			City Providence	State RI	Zip 02904
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <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
8. RESIDENT AGENT II					
This information is cur	rently of record in the	e Office of the Sec	retary of State. Changes require	filing Form 642.	10,000 4

FILED

OCT 0 6 2014

File Date	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.
Check No	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012