

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. | | me of the limited liabilit | | | |
|--|-----------------------|----------------------------|---|---------------|---------------------|
| 760651 | Woonso | cket Landlord Se | ervices, LLC | | |
| 3. State of Formation | 4. Brief des | cription of the characte | r of business conducted in Rhode | Island | |
| Rhode Island | Landlord | Services | | | |
| 5. Principal office address 49 Transit Street | I | | City Woonsocket | State RI | Zip 02895 |
| 6. MAILING ADDRESS OF | LIMITED LIABILI | TY COMPANY AND N | AME OR TITLE OF CONTACT PE | RSON: | |
| Contact Name James S. Cooper | | , | Contact Title Manager | | |
| Street Address 49 Transit Street | | | City Woonsocket | State RI | Zip 02895 |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACH | | PRESSES) OF THE LII | MITED LIABILITY COMPANY, IF | | NOT LIST MEMBERS |
| Manager Name James S. Cooper | | | Manager Name Patrick | Degr | |
| Street Address 49 Transit Street | | | Manager Name GAVCE Street Address City City | ineit | 54 |
| City Woonsocket | State RI | Zip 02895 | Wonsachet | State | Zip 2881 |
| Manager Name | | • | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| B. RESIDENT AGENT IN R | HODE ISLAND | | | | |
| This information is curren | itly of record in the | e Office of the Secret | ary of State. Changes require fil | ing Form 642. | |

OCT 0 6 2014

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

James S. Cooper

Print or Type Name of Authorized Person