

1. Entity ID No.

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.

2. Exact name of the limited liability company North County Properties, LLC

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

130565	1,0,1,1,0,0	North County Properties, LLC				
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate Rental				
5. Principal office address 22 B Lark Industrial Parkway			City Greenville	State RI	Zip 02828	
	LIMITED LIABILIT	Y COMPANY AND N	ME OF TITLE OF CONTACT	PERSON:		
Contact Name Daniel Pietryski			Contact Title Owner			
Street Address 22 B Lark Industrial Parkway			City Greenville	State RI	Zip 02828	
LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	WITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBER:	
Manager Name Daniel Pietryski			Manager Name			
Street Address 861 Tourtellot Hill Road			Street Address			
City North Scituate	State RI	Zip 02857	City	State	Zip	
lanager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	HODE ISLAND				<u> </u>	
. RESIDENT AGENT IN R		e Office of the Secreta	ary of State. Changes require			
. RESIDENT AGENT IN R		FILED UCT 07 2014	ary of State. Changes require	filing Form 642. jury, I declare and aff	irm that I have examing	
R. RESIDENT AGENT IN RITHIS INFORMATION IS CURREN	tly of record in the	FILED UCT 07 2014	Under penalty of per this report, including and that all statemen	jury, I declare and aff	irm that I have examine schedules and stateme are true and correct.	
RESIDENT AGENT IN R	tly of record in the	FILED UCT 07 2014	Under penalty of per	jury, I declare and aff	irm that I have examine schedules and stateme are true and correct.	

Form No. 632 Revised: 01/2012