



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.<br><b>642547</b>                                                                                                                                         |       | 2. Exact name of the limited liability company<br><b>1348 EAST MAIN ROAD, LLC</b>                                                                                                                                          |                    |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>OWNING, RENTING, LEASING, MORTGAGING, BUYING OR SELLING OF REAL ESTATE; ENGAGING IN SUCH OTHER ACTIVITIES AS THE MEMBER MAY DETERMIN</b> |                    |
| 5. Principal office address<br><b>1348 EAST MAIN ROAD</b>                                                                                                                 |       | City<br><b>PORTSMOUTH</b>                                                                                                                                                                                                  | State<br><b>RI</b> |
|                                                                                                                                                                           |       | Zip<br><b>02871</b>                                                                                                                                                                                                        |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                      |       |                                                                                                                                                                                                                            |                    |
| Contact Name<br><b>RAYMOND COTTA</b>                                                                                                                                      |       | Contact Title                                                                                                                                                                                                              |                    |
| Street Address<br><b>1348 EAST MAIN ROAD</b>                                                                                                                              |       | City<br><b>PORTSMOUTH</b>                                                                                                                                                                                                  | State<br><b>RI</b> |
|                                                                                                                                                                           |       | Zip<br><b>02871</b>                                                                                                                                                                                                        |                    |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                                                                                            |                    |
| 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 IN RHODE ISLAND                                                                                                                                         |       |                                                                                                                                                                                                                            |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                         |       |                                                                                                                                                                                                                            |                    |

FILED

OCT 07 2014

BY

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File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Raymond Cotta  
Signature of Authorized Person

9-22-14  
Date

RAYMOND COTTA

Print or Type Name of Authorized Person