

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.		Exact name of the limited liability company 1135 Roosevelt LLC					
577202							
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island		to engage in any lawful business					
5. Principal office address			City	State	Zip		
401 Smake Hill Rd.			North Scituate	RI	02857		
5. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT PE	RSON:	and the second of the second		
Contact Name Jay Forgue			Contact Title Member				
treet Address 401 Snake Hill Rd.			City North Scituate	State	Zip 02857		
7. LIST <u>all</u> Managers (i ("X" box for attachn	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	IPPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
flanager Name			Manager Name				
treet Address			Street Address				
Dity	State	Zip	City	State	Zip		
. RESIDENT AGENT IN RE				65 6 2 2 5 6 6 6 6 E			
his information is currently	y of record in the	Office of the Secr	etary of State. Changes require fili	ng Form 642.			

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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

/ ____

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Print or Type Name of Authorized Person