

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 | | | | | |
|--|---------------------------|---|-----------------------------------|-------------------------------|---------------------|--|--|
| 575905 | PITCHE | PITCHER STREET REALTY LLC | | | | | |
| 3. State of Formation | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| RHODE ISLAND | REAL ES | REAL ESTATE HOLDING COMPANY | | | | | |
| 5. Principal office address 26 MAIN STREET | | | City PAWTUCKET | State RI | Zip 02860 | | |
| 6. MAILING ADDRESS OF | LIMITED LIABILI | TY COMPANY AND N | AME OR TITLE OF CONTACT PE | RSON: A 2 3 5 4 | | | |
| Contact Name DEBORAH C. COX | | | Contact Title | | | | |
| Street Address 26 MAIN STREET | | | City PAWTUCKET | State RI | Zip 02860 | | |
| ALESTALLE MANAGERS | (NAMESYAVO A 6) MENT): | RESSES) OF THE LI | MITED HABILITY ON PAYYOTE | (ដីនួ⊭ស្រែកនេះ សិខ វិទ្ធិស | NOTHER MENBERS | | |
| Manager Name DEBORAH C. COX | | | Manager Name STEVEN OLAUSEN | | | | |
| Street Address 26 MAIN STREET | | | Street Address 26 MAIN STREET | | | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGENT IN R | HODEISLAND | | | | | | |
| This information is currer | tly of record in the | Office of the Secret | ary of State. Changes require fil | ing Form 642. | | | |

FILED

OCT 0 7 2014

| File Date | | |
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| Check No | | |
| Byr | | |
| FOR SEC) | RETARY OF STATE USE ONLY | |

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

DEBORAH C. COX

DEBOIGHT 0: OOX

Print or Type Name of Authorized Person