

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.		2. Exact name of the limited liability company				
137308	SCRABE	SCRABBLETOWN PROFESSIONAL CENTER, LLC				
107000						
3. State of Formation	I	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	TO OWN	TO OWN AND MANAGE REAL ESTATE				
5. Principal office address			City	State	Zip	
1130 TEN ROD ROAD, SUITE E-207			NORTH KINGSTOWN	RI	02852	
6. MAILING ADDRESS OF L	MITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PERSO	N:		
Contact Name LYNN F. MORAN			Contact Title	Contact Title		
Street Address 1130 TEN ROD ROAD, SUITE E-207			City NORTH KINGSTOWN	State RI	Zip 02852	
7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHME		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPL	LICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name NONE			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHO	DE ISLAND					
		a Office of the Secr	etary of State, Changes require filing F	orm 642		
ima mormanon ia cultetiny	Or record in the	conice of the Sect	trait of orate, onaliges require filling r	OTHI UTE.		

FILED

OCT 08 2014

BY. 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.

09/03/2014

Signature of Authorized Person

Date

LYNN F. MORAN

Print or Type Name of Authorized Person

File Date Check No __ FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012