



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000143758		2. Exact name of the limited liability company North Kingstown Green, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Invest in real estate			
5. Principal office address 3760 Quaker Lane		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Mark P. DePasquale		Contact Title Manager			
Street Address 3760 Quaker Lane		City North Kingstown	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILE IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT ☐					
Manager Name Mark P. DePasquale		Manager Name			
Street Address 3760 Quaker Lane		Street Address			
City North Kingstown	State RI	Zip 02852	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 of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

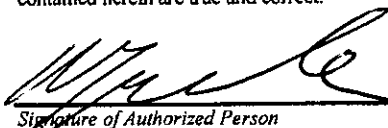
OCT 9 2014

2090

This report must be examined by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY


Signature of Authorized Person Date **10/7/14**

Mark P. DePasquale, Manager

Print or Type Name of Authorized Person