

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. | | e of the limited liabi | | | | | | | | |
|---|----------------------------|--|--|-----------------------|---|--|--|--|--|--|
| 304583 | Perrywinkle Realty, LLC | | | | | | | | | |
| 3. State of Formation | 4. Brief desc | ription of the charact | ter of business conducted in Rhode Isl | and | | | | | | |
| RI | Real Estate | | | | | | | | | |
| 5. Principal office address 43 Perrywinkle Road | | | City South Kingstown | | | | | | | |
| | CIMITED EABLE | Y COMPANY AND I | NAME OF TITLE OF CONTACT PER | SOM | | | | | | |
| Contact Name Frank Mazza | | | Contact Title Member | Contact Title Member | | | | | | |
| Street Address 6 Sherwood Court | | | City Old Tappan | State NJ | Zip 07675 | | | | | |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD MENT) [] | RESSES) OF THE I | LIMITED LIABILITY COMPANY, IF AR | PLICABLE - <u>DO</u> | NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | Manager Name | | | | | | |
| Street Address | | | Street Address | Street Address | | | | | | |
| City | State | Zìp | City | State | Zip | | | | | |
| Manager Name | | | Manager Name | Manager Name | | | | | | |
| Street Address | | | Street Address | Street Address | | | | | | |
| City | State | Zip | City | State | Zip Sm | | | | | |
| 8. RESIDENT AGENT IN R | HODE ISLAND | 100 September 10 | | | - 8 - 6 - 7 | | | | | |
| This information is curren | tly of record in the | Office of the Secre | etary of State. Changes require filin | g Form 642. | 7.22 | | | | | |
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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 Herson

Frank Mazza

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012