

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.		2. Exact name of the limited liability company					
104494	MOSHA	MOSHASSUCK RIVER, L.L.C.					
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rho	ode Island			
RI	Real Est	ate					
5. Principal office address 55 Industrial Drive			City Lincoln	State RI	Zip 02865		
	FLIMITED LIABILI	TY COMPANY AND N	AME OF TITLE OF CONTACT	PERSON:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Contact Name Steven A. Lancia			Contact Title				
Street Address Same			City	State	Zíp		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT UST MEMBERS		
Manager Name Steven A. Lancia			Manager Name				
Street Address 55 Industrial Drive			Street Address				
City Lincoln	State RI	Zip 02865	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8, RESIDENI AGENT IN F							
This information is currer	ntly of record in the	Office of the Secret	ary of State. Changes require	e filing 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

Steven A. Laucia

Print or Type Name of Authorized Person