

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. 115153	2. Exact nan Pine Rea	ne of the limited liability Ity, LLC	y company			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island BUYING, SELLING, RENTING AND MANAGING REAL PROPERTY				
5. Principal office address 25 LARK INDUSTRIAL PARKWAY			City SMITHFIELD	State RI	Zip 02828	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	RSON:		
Contact Name PAUL R. JUTRAS			Contact Title MANAGER			
Street Address 25 LARK INDUSTRIAL PARKWAY			City SMITHFIELD	State RI	Zip 02828	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) []	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name PAUL R. JUTRAS			Manager Name JOSEPH F. JUTRAS			
Street Address 25 LARK INDUSTRIAL PARKWAY			Street Address 25 LARK INDUSTRIAL PARKWAY			
City SMITHFIELD	State RI	Zip 02828	City SMITHFIELD	State RI	102828 OR CR	
Manager Name			Manager Name			
Street Address			Street Address			
Street Address				1 2		
	State	Zip	City	State	Zip 7: ST	
Street Address City 8. RESIDENT AGENT IN		Zip	City	State	1 9: 04	

9:04 Am FILED OCT 1 4 2014

File Date Check No FOR SECRETARY OF STATE USE ONLY Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, tained herein are true and correct. Date Signature of Authorized F

PAUL R. JUTRAS, MANAGER

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012