

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. 817908	2. Exact no A&D Pr	2. Exact name of the limited liability company A&D Properties, LLC				
3. State of Formation Rhode Island	4. Brief des Purchas	scription of the chara se and sale, ow	cter of business conducted in Rhonerhsip, maintenance and	de Island servicing of real	property	
5. Principal office address 10 Danecroft Avenue			City Greenville	State RI	Zip 02828	
8. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON		
Contact Name Sheana Kerwin			Contact Title Member			
Reference Address PO Box 467			City Greenville	State RI	Zip 02828	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) [DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Dity	State	Zip	City	State	Zip	
RESIDENT AGENT IN R						
inis information is curren	lly of record in the	Office of the Secr	etary of State. Changes require	Illing Form 842	2002 - 100 -	

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Form No. 632 Revised: 01/2012 Under penalty of perjury, I dectare and aftirm 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

Sheana Kerwin

Print or Type Name of Authorized Person