

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 nai	2. Exact name of the limited liability company				
156458	Marshal	Marshall Management LLC				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
RI	Real Est	Real Estate				
5. Principal office address 700 Narragansett Park Drive			City Pawtucket	State R1	Zip 02861	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:		
Contact Name Lianne Marshall			Contact Title Principal			
Street Address 700 Narragansett Park Drive			City Pawtucket	State RI	Zip 02861	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	itly of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.		

FILED

BY

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. 09/25/2014

and Signature of Authorized Person

Date

Lianne Marshall

Print or Type Name of Authorized Person

File Date Check No __ FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012