

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				
113550	Birch Re	ealty, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	To own,	To own, operate, manage and sell real estate				
5. Principal office address One Wellington Road			City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF	FLIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Kevin M. Daley, Esq.			Contact Title Attorney	,		
Street Address 300 Jefferson Boulevard, Suite 105			City Warwick	State RI	Zip 02888	
74 LIST ALL MANAGERS (EX. BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currer	ntly of record in th	e Office of the Seci	etary of State. Changes require	filing Form 642.		

FILED

BY July I declare and affirm

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

Date Date

Len Gemma

Print or Type Name of Authorized Person

File Date ______
Check No ______

By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012