

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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.		me of the limited liab	ility company			
530462	002 20.	14010, 220				
3. State of Formation		•	cter of business conducted in Rho	ode Island		
Rhode Island	Real Est	ate				
5. Principal office address One Wellington Road			City Lincoln	State RI	Zip 02865	
6. MAILING ADDRES	S OF LIMITED LIABILI	FY 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	
7. LIST <u>all</u> manage ("X" box for att		PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Narne		
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 RHODE ISLAND					
This information is cu	rrently of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.		

FILED

OCT 1 4 2014

Under penalty of perjury 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.

Check No

Signature of Authorized Person

Date

Len Gemma

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012