

## 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.

151601	IIRKEL	L REALTY, LLC	•		
3. State of Formation	4. Brief des Real est	cription of the chara	cter of business conducted in Rhode Is	sland	
5. Principal office address 168 Becker Avenue		City East Providence	State RI	Zip <b>02915</b>	
Contact Name Phillip L. Tirrell	FLIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER Contact Title Member	SON:	
Street Address			City	State	Zip
108 Becker Avenue	•		East Providence	RI	02915
	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	1	
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI Manager Name	(NAMES AND ADI	DRESSES) OF THE		1	
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC! Manager Name NONE	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	1	
. LIST ALL MANAGERS ("X" BOX FOR ATTACH Inager Name NONE treet Address	(NAMES AND ADI	Zip	LIMITED LIABILITY COMPANY, IF AI Manager Name NONE	1	
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C. LIST ALL MANAGERS ("X" BOX FOR ATTAC! Manager Name NONE Street Address Sity  Manager Name NONE	(NAMES AND ADI		LIMITED LIABILITY COMPANY, IF AN Manager Name NONE  Street Address  City  Manager Name	PPLICABLE - DO	NOT LIST MEMB
168 Becker Avenue  7. LIST ALL MANAGERS ("X" BOX FOR ATTACI Manager Name NONE Street Address  Anager Name NONE Street Address	(NAMES AND ADI		LIMITED LIABILITY COMPANY, IF AN Manager Name NONE Street Address City Manager Name NONE	PPLICABLE - DO	NOT LIST MEMB

**FILED** 

OCT 1 6 2014

ВУ

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

Phillip L. Tirrell, Member

Print or Type Name of Authorized Person

File Date \_\_\_\_\_\_
Check No \_\_\_\_\_
By: \_\_\_\_\_
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012