



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. 487015		2. Exact name of the limited liability company MARA, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 728 VALLEY STREET		City PROVIDENCE	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name D. JOSEPH D'AMICO		Contact Title ATTORNEY			
Street Address 728 VALLEY STREET		City PROVIDENCE	State RI	Zip 02908	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED ←

OCT 17 2014

BY an 234488

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 OCT 17 AM 10:31

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.

Richard Angell

9/11/14

Signature of Authorized Person

Date

RICHARD ANGELL

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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