

## 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.

3. State of Formation Rhode Island  4. Brief description of the character of business conducted in Rhode Island Real Estate Management  City State RI	1. Entity ID No. <b>658642</b>		2. Exact name of the limited liability company Azure, LLC				
60 South County Commons Way, Suite G4  60 South County Commons Way, Suite G4  60 South County Commons Way, Suite G4  Contact Title Manager  Street Address 60 South County Commons Way, Suite G4  City Wakefield  City State  City State			•	of business conducted in Rhode Island			
Contact Name  James V. Aukerman  Street Address 60 South County Commons Way, Suite G4  City Wakefield  T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  ("X" BOX FOR ATTACHMENT)  Manager Name  James V. Aukerman  Street Address 60 South County Commons Way, Suite G4  City Wakefield  RI  City State  Street Address  City State  Street Address  Street Address  Street Address  City State  Zip  Manager Name	60 South County C	Commons Way,		Wakefield	RI 02879		
Street Address 60 South County Commons Way, Suite G4  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X" BOX FOR ATTACHMENT)  Manager Name  James V. Aukerman  Street Address 60 South County Commons Way, Suite G4  City Wakefield  State RI  Zip 02879  City City State  Street Address  Manager Name  Street Address  Street Address  Street Address  City State City State Street Address  City City State Street Address	6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
60 South County Commons Way, Suite G4  Wakefield  RI  02879  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  James V. Aukerman  Street Address 60 South County Commons Way, Suite G4  City Wakefield  Manager Name  Manager Name  Manager Name  Street Address  Street Address  Street Address  City  Manager Name  Street Address  City  City  State  Zip  Manager Name  Street Address  City  State  Zip  Street Address		n			· <del></del>		
Manager Name   James V. Aukerman   Manager Name   Manager Name	60 South County C			Wakefield	RI	02879	
Street Address 60 South County Commons Way, Suite G4  City Wakefield RI Zip O2879  Manager Name  Street Address  Manager Name  Street Address  City State RI Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  Street Address  City State Zip  Address  Street Address  Street Address	7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [	RESSES) OF THE LIF		FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
60 South County Commons Way, Suite G4  City Wakefield State RI Zip O2879  Manager Name Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  Street Address  City State Zip  Display State Zip  State Zip  B. RESIDENT AGENT IN RHODE ISLAND	Manager Name James V. Aukerma	n		Manager Name			
Wakefield RI 02879 Manager Name  Manager Name  Street Address  City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	Street Address 60 South County C	commons Way,	Suite G4	Street Address			
Street Address  City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND				City	State	Zip	
City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
B. RESIDENT AGENT IN BHODE ISLAND	Street Address	<u></u>		Street Address		-	
O. REODER AGENTALIA INC.	City	State	Zip	City	State	Zip	
	8. RESIDENT AGENT IN	RHODE ISLAND					
			e Office of the Secret	ary of State. Changes require	filing Form 642.		

FILED

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File Date	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true:	es and statements,
Check No	Signature of Authorized Person	/6/16/2019 Date
FOR SECRETARY OF STATE USE ONLY	James V. Aukerman  Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012