

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 FÎLE 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 | | | | |
|--|--|--|--|------------|-------------|
| 156078 | Giardina | Properties, | LLC. | | |
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | Management/Purchasing of investment properties | | | | |
| o | | | City | State | Zip |
| 7 Sugar Hill Court | | | Cranston | RI | 02921 |
| BAMAIBNGADATESSOTTEMAT | EDMAETH TYCO | MRANY AND NAME C | | | |
| Contact Name | | | Contact Title | | |
| Marissa Jean Giardina/Edward Charles | | | Managers | | |
| | | | City | State | Zip |
| 7 Sugar Hill Court | | | Cranston | RI | 02921 |
| दिश्वाक्त (त्रामा ()) त्राराट स्वेम्ब्रह्म (रिटार्स) (स्टेट्टेन्ट्रिट्ट्राट्स) स्टेट्ट्रस्ट्रिट्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट | S AND ADDRESS | SELECTION OF CONTRACT OF STREET SERVICE CASE AND AND ADDRESS OF CASE AND ADDRESS OF CONTRACT OF CASE AND ADDRESS OF CASE AND A | ÄÄRAHLIIRAVOOMIRAVVAIRARAII L | AGIE DO NO | usi kalbars |
| Manager Name | | | Manager Name | | |
| Edward Charles Giardina, Jr. | | | Marissa Jean Giardina f/k/a Marissa Jean | | |
| Street Address | | | Street Address Germani | | |
| 7 Sugar Hill Court | | | 7 Sugar Hill Court | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02921 | Cranston | RI | 02921 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8 RESIDENTAGEURINATODE SEANO | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

OCT 2 0 2014

Check No By:

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
Edward Charles Giardina, Jr./Marissa Jean
Giardina f/k/a Marissa Jean Germani

Print or Type Name of Authorized Person