



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. 104544		2. Exact name of the limited liability company OCEAN STATE REALTY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO BUY, MANAGE, DEVELOP, FINANCE, RENT AND SELL REAL ESTATE			
5. Principal office address 322 BROADWAY		City PROVIDENCE		State RI	Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF PERSON TO CONTACT					
Contact Name STEPHEN T. NAPOLITANO, ESQ.		Contact Title REGISTERED AGENT			
Street Address 155 SOUTH MAIN STREET, SUITE 202		City PROVIDENCE		State RI	Zip 02903
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 LOUIS BOURLOS		Manager Name			
Street Address 322 BROADWAY		Street Address			
City PROVIDENCE	State RI	Zip 02909	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 20 2014

BY CM 234654

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT 20 PM 2:

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

LOUIS BOURLOS

Print or Type Name of Authorized Person

Date

10-16-14