

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	2. Exact name of the limited liability company					
1387 55	14 Whip	ple Avenue, LL	.c				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Real Estate					
Rhode Island	Real Est						
5. Principal office address 24 Rustic Acres Drive			City Chepachet	State RI	Zip 02814		
	F LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:			
Contact Name Lionel Delos Street Address 24 Rustic Acres Drive			Contact Title Member				
			City Chepachet	State RI	Zip 02814		
7. LIST <u>ALL</u> MANAGERS	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS		
("X" BOX FOR ATTAC	HMENT)						
("X" BOX FOR ATTAC	HMENT)		Manager Name				
("X" BOX FOR ATTAC! Manager Name	HMENT) [
("X" BOX FOR ATTACE Manager Name Street Address City	State	Zip	Manager Name	State	Zip		
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Manager Name Street Address	State		Manager Name Street Address City Manager Name Street Address	State	Zip		

FILED

File Date	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.		
Check No	Lise 10	13-1	
By	Signature of Authorized Person Date	t	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012