

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.		2. Exact name of the limited liability company							
162092	WHATC	WHAT CHEER REALTY, LLC							
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island							
RHODE ISLAND	REAL E	REAL ESTATE							
5. Principal office address 13 WHAT CHEER ROAD			City NARRAGANSETT	State RI	Zip 02882				
6. MAILING ADDRESS OF LIF	WITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT PERS	ON:					
Contact Name ROBERT DONFRANCESCO			Contact Title MEMBER						
Street Address 13 WHAT CHEER ROAD			City NARRAGANSETT	State RI	Zip 02882				
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>Do</u>	NOT LIST MEMBERS				
Manager Name			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 RHO	DE ISLAND								
This information is currently	of record in th	e Office of the Seci	retary of State. Changes require filing	Form 642.					
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Check	ate «No			
FOR S	\$200 MANAGES	IARY OF	2 12 2 4 7 12 12 12 12 12 12 12 12 12 12 12 12 12	JSE ONLY

Form No. 632 Revised: 01/2012 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. 0/13/14 Date

Signature of Authorized Person

ROBERT DONFRANCESCO

Print or Type Name of Authorized Person