

## 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.

-	2. Exact na	me of the limited liabili	ty company		<u></u>	
125284	AJT Rea	AJT Realty Partners, LLC				
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rhoo	de Island		
Rhode Island	Real Est	Real Estate				
5. Principal office address 41 Biltmore Avenue			City Rye	State NY	Zip 10580	
8. MAILING ADDRESS	OF LIMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:		
Contact Name Cathleen J. Egan			Contact Title Manager			
Street Address 41 Biltmore Avenue			City Rye	State NY	Zip 10580	
. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - DO		
Manager Name Cathleen J. Egan					5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Manager Name	210114351/		Manager Name Kevin A. Walsh		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Manager Name Cathleen J. Egan Street Address 41 Biltmore Avenu	- Samuel		Manager Name			
Manager Name Cathleen J. Egan Street Address 41 Biltmore Avenu Dity	- Samuel	Zip <b>10580</b>	Manager Name Kevin A. Walsh Street Address		Zip 06830	
Manager Name Cathleen J. Egan Street Address 41 Biltmore Avenu Sity Rye	State	Zip	Manager Name Kevin A. Walsh Street Address 500 W. Putnam Av	/enue		
Manager Name Cathleen J. Egan Street Address 41 Biltmore Avenu City Rye Manager Name	State	Zip	Manager Name Kevin A. Walsh Street Address 500 W. Putnam Av City Greenwich	/enue		
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## **FILED**

OCT 2 1 2014

BY 35240

	Under popular of a private but at a second
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	l'usile I la sold
	Garlen 9, 49 m 10/3/14
ву:	Signature of Authorized Person / Date
FOR SECRETARY OF STATE LIGE ONLY	Cáthleen J. Egan

Form No. 632 Revised: 01/2012 Print or Type Name of Authorized Person