

Revised: 01/2012

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 _20 11

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

1. Entity ID No.			BY DECEMBER 1 WILL RESUI	-1 114 M \$25.00 PE	ENALTY FEE.	
'	2. Exact nam	e of the limited liabilit	y company	1		
788041	6	obstor)	Rental and s	ELLC		
3. State of Formation	4. Brief descr	iption of the character	of business conducted in Rhode I	sland		
RI	Per	d and sak	•>			
5. Principal office address			City vestul-	State	Zip	
6 MAILING ADDRESS OF LIM Contact Name	ITED LIABILITY	COMPANY AND NA	ME ORTITLE OF CONTACT PER	SON:	1000	
John	5 Gent	VE di	Contact Title			
Street Address 148 moin st			City Cster 1	State —	Zip (2)189/	
7. LIST <u>ALL</u> MANAGERS (NAM ≝ ("X" BOX FOR ATTACHMEN	MES AND ADDR	ESSES) OF THE LIN	MITED LIABILITY COMPANY, IF A	PPLICABLE - DO 1	NOT LIST MEMBE	RS *
Manager Name			Manager Name	Pertugue de la Proposition de		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address					22	
			Street Address		214	00
City	State	Zip	City	State	Zip ♀	SR SR
RESIDENT AGENT IN RHODE	I EJSLANĎ				2	ORAR
his information is currently of	record in the O	ffice of the Secretar	y of State. Changes require filing	Form 642.	<u>0 2 3 − 1 2 − 1 1 − 1 1 − 1 1 − 1 1 − 1 1 − 1 1 − 1 1 </u>	
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•		FILI	ED		: 26	NA P
		By OCT 2	2 2014 1 839			
		A. A	•			
			Under penalty of perjury, this report, including and	declare and affirm	that I have examin	ned
File Date Check No By: FOR SECRETARY OF STATE U	SEONIX		and that all statements co	mill	true and correct	ents,