

## 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 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 na	ame of the limited liabil	ity company			
115107		iouity, LLO.				
3. State of Formation	4. Brief de:	scription of the charact	er of business conducted in Rho	nde Island		
Rhode Island	Purchas	Purchase/manager/sell real estate				
5. Principal office address 4635 Post Road			City Warwick	State	Zip	
. MAILING ADDRESS	OF LIMITED LIABIL	TV COMPANY AND A		RI	02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Leonardo Petrone			Contact Title  Manager			
Street Address 189 Mountain Laurel Drive			City Cranston	State RI	Zip <b>02920</b>	
LIST <u>ALL</u> MANAGER "X" BOX FOR ATTA	S (NAMES AND ADI CHMENT) []	DRESSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBER	
Manager Name Leonardo Petrone			Manager Name Antonio Petrone			
Street Address 189 Mountain Laurel Drive			Street Address 2 Cassandra Court			
ity Cranston	State RI	Zip <b>02920</b>	City Cranston	State RI	Zip <b>02921</b>	
lanager Name			Manager Name			
treet Address			Street Address			
·	State	Zip	City	State	Zip	
ity	714.0	<b>I</b>				
ity Resident Agent in	RHODE ISLAND		ary of State. Changes require			

## **FILED**

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  Leonardo Petrone  Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012