



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. 838737		2. Exact name of the limited liability company 1545 DIVISION, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate management			
5. Principal office address 65 Western Industrial Drive, Unit D		City Cranston		State RI	Zip 02921
6. CONTACT INFORMATION - NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY AND NAME OF OFFICE OF CONTACT PERSON					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West, Suite 111		City Providence		State RI	Zip 02903
7. MANAGERS - NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) DO NOT LIST MEMBERS					
Manager Name Vincent A. Rossi, III		Manager Name			
Street Address 112 White Birch Circle		Street Address			
City Hope	State RI	Zip 02831	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENCE OF AUTHORIZED PERSON IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 23 2014

BY Ch 234946

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT 23 PM 1:46

FILED
CHECK ONE
BY
FOR REPORTING TO 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

Date

Vincent A. Rossi, III

Print or Type Name of Authorized Person