

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.

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1. Entity ID No.	2. Exact r	ame of the limited lia	ability company			
126761	A. OLA	NN REAL ESTA	ATE HOLDINGS, LLC			
3. State of Formation	4. Brief de	scription of the char	actor of husians			
Rhode Island	real est	Brief description of the character of business conducted in Rhode Island real estate holding company				
. Principal office address			City			
4 Brookside Road			Westerly	State RI	Zip 02891	
MAILING ADDRESS O	FUMITED LIABIL	TY COMPANY AND	NAME OR TITLE DE CONTACT	PERSON	ľ	
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Robert Clark			Contact Title	E-HOUN 2		
Street Address 4 Brookside Road			City Westerly	State	Zip 02891	
LIST ALL MANAGERS	(NAMES AND AD	DDECCEO OF THE	Westerly	RI	02891	
("X" BOX FOR ATTACH	MENT)	JAEGSES, OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBER	
lanager Name		State - 204 114 20 115 20	Manager Name		的基本是基本	
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	State	Zip		State	Zip	
anager Name	State	Zip	City Manager Name	State	Zip	
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anager Name reet Address	State	Zip	City Manager Name	State	Zip	
anager Name reet Address	State	Zip	City Manager Name Street Address City	State		
anager Name reet Address ty RESIDENT AGENT IN RE	State	Zip	City Manager Name Street Address	State		

FILED

OCT 2 4 2019

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.

File Date:______Check No.::

Robert Clark

Print or Type Name of Authorized Person

Signature of Authorized Person

Form No. 632 Revised: 01/2012