

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 Perlod: 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. 121400		me of the limited liabili Properties, LLC	ty company			
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate				
5. Principal office address 19 First Avenue			City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PER	ISON:		
Contact Name Neal Tesler			Contact Title Manager			
Street Address 19 First Avenue			City East Greenwich	State RI	Zip 02818	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACH	NAMES AND ADE	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBER:	
fanager Name Neal Tesler		Manager Name				
Street Address 19 First Avenue			Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RH	IODE ISLAND					
bio information is accessed	he of page and in the	Office of the County	ary of State. Changes require filin	<u> </u>		

FILED

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.

mi Signature of Authorized Person

Neal Tesler

Print or Type Name of Authorized Person