

## 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. 139577		2. Exact name of the limited liability company  Triple R Realty, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Operate a	Operate and manage real estate.					
5. Principal office address 700 School Street			City Pawtucket	State RI	<sup>Zip</sup> <b>02860</b>		
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND I	NAME OR TITLE OF CONTACT PE	RSON:			
Contact Name Robert B. Skeffington			Contact Title				
Street Address 64 High Service Avenue			City North Providence	State RI	7ip <b>02904</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	RESSES) OF THE I	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	DUODE 101 AND						
8. RESIDENT AGENT IN	HHODE ISLAND	Office of the Secr	etary of State. Changes require f	ilina Form 642.			
This information is curre	entry of record in the	onice of the ocol	otary or otarior ortanges and				
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	Under penalty of perjury, I declare and affirm that I have examined				
File Date	this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.				
Check No	210 (10/25/19				
By:	Signature of Authorized Person Date				
	Robert B. Skeffington				
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person				

Form No. 632 Revised: 01/2012