



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

2014

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.<br><b>326088</b>                                                                                                                                           |       | 2. Exact name of the limited liability company<br><b>RLG Properties, LLC</b>                                                                   |      |                    |                     |
| 3. State of Formation<br><b>RI</b>                                                                                                                                          |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>to manage and own commercial and residential real estate</b> |      |                    |                     |
| 5. Principal office address<br><b>64 Larchmont Road</b>                                                                                                                     |       | City<br><b>Warwick</b>                                                                                                                         |      | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 6. NAME AND ADDRESS OF LIMITED LIABILITY COMPANY OR INDIVIDUAL OR OTHER PERSON                                                                                              |       |                                                                                                                                                |      |                    |                     |
| Contact Name<br><b>David Ghigliotti</b>                                                                                                                                     |       | Contact Title                                                                                                                                  |      |                    |                     |
| Street Address<br><b>64 Larchmont Road</b>                                                                                                                                  |       | City<br><b>Warwick</b>                                                                                                                         |      | State<br><b>RI</b> | Zip                 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. <b>DO NOT LIST MEMBERS</b><br>(*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                |      |                    |                     |
| 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                 |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                           |       |                                                                                                                                                |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                           |       |                                                                                                                                                |      |                    |                     |

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BY

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|---------------------------------|
| File Date                       |
| Check No                        |
| By                              |
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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

Print or Type Name of Authorized Person