

## 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.

. Entity ID No.	2. Exact nam	2. Exact name of the limited liability company				
326088		perties, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
	to manage and own commercial and residential real estate					
RI						
. Principal office address			City	State	Zip	
64 Larchmont Road			Warwick	RI	02886	
ATO CONFERNITE	Hi <b>neD</b> HZtelki	FFTIP III- NA	Andrew Property of	r ( = 1 (5 o ) ) ( <del>( i ) ( i ) ( i )</del>		
Contact Name			Contact Title			
David Ghigliotty		- <u> </u>	City	losses	Zip	
Street Address	<del>-</del>			State RI	Σiþ	
64 Larchmont Road			Warwick			
LIST ALL MANAGERS IN 7*X**BOXFOR A TEACH M	AMES AND ADD	RESSES) OF CHE	EMITED CABILITY COMPANY		RCILLS MEMBER Value de la companya	
anager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
Nanager Name			Manager Name			
Street Address			Street Address			
Sity	State	Zip	City	State	Zip	
PRESIDENT AGENT IN RIK	DETSLAND			DARKAN PARAMETAK	1	
his information is currently	of record in the	Office of the Secr	etary of State. Changes requi	re filing Form 642.		

FILED

OCT 24 **2014** 

av 1486

	×
	ğ
FILE Date:	
	2
	¥
ACLUS A SCHOOL COMMAND CO.	å
CONSCIPLO BEREAL BER	ğ
	Ñ
	Ľ
	¥
	ã
	Ŋ
	Š
FOR SECRETARY OF STATE USE ONLY	ij
	ë
	M

Form No. 632 Revised: 01/2012 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

Print or Type Name of Agthorized Person