



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. 548304 | | 2. Exact name of the limited liability company 4219 Old Post Road, LLC | | | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island Real Estate | | | |
| 5. Principal office address 4219 Old Post Road | | City Charlestown | | State RI | Zip 02813 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON | | | | | |
| Contact Name John Tylawsky | | Contact Title Manager | | | |
| Street Address 259 New Sweden Road | | City Woodstock | | State CT | Zip 06281 |
| 7. LIST ALL MANAGERS (NAME AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name John Tylawsky | | Manager Name | | | |
| Street Address 259 New Sweden Road | | Street Address | | | |
| City Woodstock | State CT | Zip 06281 | 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. | | | | | |

FILED

OCT 24 2014

BY 287

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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

John Tylawsky

Print or Type Name of Authorized Person

Date

10/19/2014