

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.	2. Exact nan	ne of the limited liab	ility company			
140163	LDRE Pr	operties, LLC				
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rho	de Island		
Rhode Island	Own and	sell real estate	•			
5. Principal office address 3 Memorial Bouleva			City Newport	State RI	Zip 02840	
	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON: ₹ 🗯 😤		
Contact Name Melanie Delman			Contact Title			
treet Address 3 Memorial Boulevard			City Newport	State RI	Zip 02840	
7. LIST all Managers (7. (EX' Box for attach	NAMES AND ADD MENT) [LIMITED LIABILITY COMPANY	IF APPLICABLE DO	NOT LIST MEMBERS	
Manager Name Melanie Delman			Manager Name			
Street Address same as above			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	J		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND				· · · · · · · · · · · · · · · · · · ·	
This information is curren	tly of record in the	e Office of the Seci	retary of State. Changes requir	e filing Form 642.		

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FOR SE	CRETARY OF STATE USE ONLY	7

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 beginning are true and correct.

Signature of Authorized Person

Melanie Delman

Print or Type Name of Authorized Person