

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

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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 nar	2. Exact name of the limited liability company						
545545	PLEASA	PLEASANT STREET COURT, L.L.C.						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	REAL ES	REAL ESTATE DEVELOPMENT						
5. Principal office address 2 ELM STREET			City WESTERLY	State RI	Zip 02891			
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	ME OR TITLE OF CONTACT P	ERSON:				
Contact Name CHARLES SOLOVEITZIK			Contact Title CLERK					
Street Address 2 ELM STREET - P.O. BOX 414			City WESTERLY	State RI	Zip 02891			
7. LIST ALL MANAGERS (("X" BOX FOR ATTACH!		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT UST MEMBERS			
Manager Name PETER J. SACCO, SR.			Manager Name	Manager Name				
Street Address 8 CATTAIL DRIVE - F	P.O. BOX 532	, , , , , , , , , , , , , , , , , , , ,	Street Address	Street Address				
City WESTERLY	State RI	Zip 02891	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN FI								
This information is current	tly of record in th	e Office of the Secret	ary of State. Changes require t	iling Form 642.				

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Form No. 632 Revised: 01/2012

Undergrants of perjury I declare and affirm that I have examined
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements opposite the declared the true and correct.
 and that all statements opprained herein are true and correct.

Signature of Authorized Person

Date

CHARLES SOLOVEITZIK, CLERK

Print or Type Name of Authorized Person