

## 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 nan	ne of the limited liabi	lity company		
759114	ECOM EI	iterprises, LLO			
3. State of Formation	!	•	ter of business conducted in Rhoo	de Island	
Rhode Island	Real Est	ate Holding			
5. Principal office address 223 Laurens Street			City Cranston	State RI	Zip <b>02910</b>
G, MAILING ADDRESS OF	LIMITED LIABILT	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON	ingik Stranger iking peropada 14.
Contact Name Linda Morro			Contact Title  Member		
Street Address P.O. Box 10475			City Cranston	State <b>RI</b>	Zip <b>02910</b>
7-LIST ALL MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADE MENT)	RESSES) OF THE	IMITED LIABILITY COMPANY,	E APPLICABLE - BO	NOT LIST MEMBERS
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 P	HODE BLAND				
This information is currer	ntly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.	2 OF
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BY Cu 23	5449	_			Z6
		er E: B:	this report, including	q any accompanying	firm that I have examined schedules and statements
4	3058		and that all stateme	nts contained herein	are true and correct.
			x/ yu/n	<u> Υ//~</u>	J.J. 14
By:			Signature of Authoriz		Date
FOR SECRETARY OF S	TATE USE ONLY	\$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10		h MDAAD	
		400 554	Print or Type Name of	n Authorized Person	

Form No. 632 Revised: 01/2012