



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. 488209		2. Exact name of the limited liability company SOLOMON LANE LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island to INVEST IN REAL ESTATE			
5. Principal office address 45 OLNEY ST.		City PROV		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CORNELIA G. PALMER		Contact Title MEMBER			
Street Address 45 OLNEY ST.		City PROV		State RI	Zip 02906
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2014 OCT 30 PM 12:08
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CORPORATIONS DIV

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OCT 30 2014

File Date
Check No
By
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BY HL 235475
12:08
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.
Cornelia G. Palmer 10-31-14
Signature of Authorized Person Date
CORNELIA G PALMER
Print or Type Name of Authorized Person