



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 119331		2. Exact name of the limited liability company RAE REALTY ASSOCIATES, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, OWN, DEVELOPE, IMPROVE, LEASE AND SELL REAL PROPERTY		
5. Principal office address 421 BELLEVUE AVENUE		City NEWPORT	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name RICHARD F. ERNST		Contact Title		
Street Address 421 BELLEVUE AVENUE		City NEWPORT	State RI	Zip 02840
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Manager Name ANN ERNST		Manager Name		
Street Address 421 BELLEVUE AVENUE		Street Address		
City NEWPORT	State RI	Zip 02840	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name E. COLBY CAMERON, ESQ.		Address		
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908	

FILED

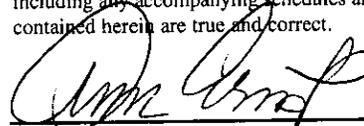
OCT 30 2014

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

119331

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      Date 10/28/14

ANN ERNST, MANAGER

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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