

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. 103045		2. Exact name of the limited liability company Merlino Investment Co., LLC				
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate.				
5. Principal office address 15 Mallard Cove Way			City Barrington	State RI	Zip 02806	
6. MAILING ADDRESS C	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:		
Contact Name Paul R. Merlino			Contact Title Manager			
Street Address 15 Mailard Cove Way			City Barrington	State RI	Zip 02806	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [PRESSES) OF THE LI	MITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Paul R. Merlino			Manager Name			
Street Address 15 Mallard Cove Way			Street Address			
Cuy Barrington	State RI	^{Zip} 02806	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN I						
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.		

File Date

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 refer are true and correct.

By:

Signature of Authorized Person

Paul R. Merlino

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012