

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.		2. Exact name of the limited liability company 101 Plain, LLC				
189802		,				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	ate	,			
5. Principal office address 1145 Main Street, Suite #3			City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRESS	OF LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:		
Contact Name Stefania M Mardo			Contact Title			
Street Address 1145 Main Street, Suite #3			City Pawtucket	State RI	Zip 02860	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA		DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
A14		T-5	07	los-s-	Zip 4 CC	
City	State	Žip	City	State	Zip 4 CCC R	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip S S S S S S S S S S S S S S S S S S S	
8. RESIDENT AGENT IN	RHODE ISLAND				# <#	
This information is sum	ently of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642		

FILED

OCT 30 2014

By 235564

WM

FOR SECRETARY OF STATE USE ONLY

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

Stefania M Mardo

Print or Type Name of Authorized Person

Check No