



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. 142221		2. Exact name of the limited liability company 645 Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PURCHASE, OWNERSHIP, DEVELOPMENT, AND MAINTENANCE OF REAL PROPERTY			
5. Principal office address 16 WESTERN INDUSTRIAL DRIVE			City CRANSTON	State RI	Zip 02921
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN C. REDMOND			Contact Title PRESIDENT		
Street Address 16 WESTERN INDUSTRIAL DRIVE			City CRANSTON	State RI	Zip 02921
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <i>Samos abane</i>			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.					

FILED

OCT 30 2014

BY *[Signature]*

File Date _____

Check No _____

By: _____

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] 9/17/14
 Signature of Authorized Person Date

KEVIN C. REDMOND

Print or Type Name of Authorized Person