



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. 154860 | | 2. Exact name of the limited liability company Liberalis, LLC | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Investment, Ownership, and Management of Real Estate | |
| 5. Principal office address 1958 Smith Street | | City North Providence | State RI |
| | | Zip 02911 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Peter A. Lawrence | | Contact Title Vice President | |
| Street Address 1958 Smith Street | | City North Providence | State RI |
| | | Zip 02911 | |
| 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 | | 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 31 2014

BY 1439

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|--|
| 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.

Peter A. Lawrence
Signature of Authorized Person

10/16/14
Date

Peter A. Lawrence, Vice President

Print or Type Name of Authorized Person