

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. 87499	Exact name of the limited liability company Link Commercial Properties, LLC						
0/433							
3. State of Formation	4. Brief desc	cription of the charac	ter of business conducted in Rhode	usiness conducted in Rhode Island			
Rhode Island		, manage, inves nent of real est	st in, construct with owners ate	hip, sale, cons	truction or		
5. Principal office address 1150 New London Avenue			City Cranston	State RI	Zip 02920		
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OF TITLE OF CONTACT PE	RSON:		600.0	
Contact Name Frank Paolino			Contact Title Manager				
Street Address 1150 New London Avenue			City Cranston	State RI	Zip 02920		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT)	RESSES) OF THE I	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	differential control of the control					¥ 0	
This information is curren	itly of record in the	Office of the Secre	etary of State. Changes require fili	ng Form 642.			

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.

Check No

By:

Signature of Authorized Person

Date

Frank Paolino

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012