

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 na	2. Exact name of the limited liability company				
796700	100 Dori	100 Dorrance Street Property Management, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island		rest and manage eal estate activiti		al estate and to hold interests in companies engaged in		
5. Principal office address 278 Scranton Avenue			City Falmouth	State MA	Zip 02540	
	FLIMITED HABILI	TY COMPANY AND N	AME OF TITLE OF CONTACT	PERSON:	13.30	
Contact Name			Contact Title			
Street Address 278 Scranton Avenue			City Falmouth	State MA	Zip 02540	
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC		DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IFAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Vincent Geoffroy			Manager Name			
Street Address 278 Scranton Avenue			Street Address			
City Falmouth	State MA	Zip 02540	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN				and the	- I -6.22 - 254	
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.		

Under penalty of periory, 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 Vincent Geoffroy FÖR SECRÉTARY OF STATE USE ONL

Print of Type Name of Authorized Person

Date

Form No. 632 Revised: 01/2012