

## 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

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## 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.		me of the limited liabili	ty company			
151022	RCFLL,	LLC				
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rhod	le Island		
Rhode Island	Hold and	Hold and benefit from certain investments in real property and any other lawful purpose.				
5. Principal office address 99 Hartford Avenue			City <b>Providence</b>	State RI	Zip <b>02909</b>	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name Raymond A. Byrnes			Contact Title  Manager			
Street Address 99 Hartford Avenue			City Providence	State RI	Zip <b>02909</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY, II	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Raymond A. Byrnes			Manager Name			
Street Address 99 Hartford Avenue		·	Street Address	• •	***	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN F	RHODE ISLAND					
his information is curren	atly of record in the	Office of the Course	ary of State. Changes require f	illing Form 640		

**FILED** 

NOV 03 2014

BY\_12159

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	and that all statements contened herein are true and correct.		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Raymond A. Byrnes		

Form No. 632 Revised: 01/2012