

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. 312837 | 1 | 2. Exact name of the limited liability company Rainbow Rock, LLC | | | | |
|---|-----------------------|---|--------------------------------|--------------------|---------------------|--|
| 3. State of Formation Rhode Island | I | Brief description of the character of business conducted in Rhode Island Holding and sale of real estate. | | | | |
| 5. Principal office address 18 Candleberry Lane | | | City Weston | State MA | Zip 02493 | |
| 6. MAILING ADDRESS | OF LIMITED LIABILI | TY COMPANY AND N | AME OR TITLE OF CONTACT | PERSON: | | |
| Contact Name Stephen R. Spector | | | Contact Title Trustee | | | |
| Street Address 81 Wagner Road | | | City Westerly | State RI | Zip 02891 | |
| 7. LIST ALL MANAGER | IS (NAMES AND ADI | RESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT LIST MEMBERS | |
| Manager Name Stephen R. Spector | | | Manager Name Arnold M. Spector | | | |
| Street Address 81 Wagner Road | | | Street Address 81 Wagner Road | | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02893 | |
| Manager Name Janice L. Spector | | | Manager Name | | | |
| Street Address 81 Wagner Road | | | Street Address | | | |
| City Westerly | State RI | Zip 02891 | City | State | Zip | |
| 8. RESIDENT AGENT IN | RHODE ISLAND | | | | | |
| This information is curr | ently of record in th | e Office of the Secret | ary of State. Changes require | filing Form 642. | | |

FILED

NOV 03 2014

BY_ 1149

| File Date | 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 | The president of the president | | |
| Ву: | Signature of Authorized Person Date | | |
| FOR CEOPETABLE OF CTATE LICE ONLY | Stephen R. Spector, Trustee | | |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012