

## 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. 796747		2. Exact name of the limited liability company HAJ Tech Center LLC			
3. State of Formation  Rhode Island	Brief description of the character of business conducted in Rhode Island     Development of Real Estate				
5. Principal office address 1414 Atwood Avenue			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	
Contact Name Alfred Carpionato			Contact Title Member		
Street Address 1414 Atwood Avenue			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
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
B. RESIDENT AGENT IN RI		<u> </u>			
This information is curren	tly of record in the	Office of the Secr	retary of State. Changes require	filing Form 642.	

FILED

NOV 03 2014

BY\_ &36

	Under penalty of perjury to declare and affirm that I have examined
File Date	this report, including my ecompanying schedules and statements,
Check No	grantal dysplicities of the and correct.
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Alfred Carpionato Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012