

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. 89913		Exact name of the limited liability company U.S. Development II LLC				
09913						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Development of Real Estate				
Rhode Island	Develop					
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Alfred Carpionato			Contact Title Member			
Street Address 1414 Atwood Avenue			City Johnston	State RI	^{Zip} 02919	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI		DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF 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 RI	L HODE ISLAND				<u> </u>	
This information is current	tly of record in the	e Office of the Secr	retary of State. Changes require	filing Form 642.		

FILED

NOV 03 2014

File Date _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements and that all statements and that all statements

and that all statements contained rereit are true and correct.

Alfred Carpionato

Printor Type Name of Authorized Person