

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 nar Ralls, LL	ne of the limited liab .C	ility company			
274332						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Develop	ment of Real Es	state			
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y 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 ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND				I	
This information is currer	ntly of record in th	Office of the Seci	retary of State. Changes require	e filing Form 642.		

FILED

NOV 03 2014

	Under portain of perjury, Lieclars and affirm that I have examined
File Date	this report including any accompanying schedules and statements, and that all statements contained bereig are true and correct.
Check No	1101110 11her 1 10/24/14
Ву:	Date Date
FOR SECRETARY OF STATE USE ONLY	Alfred Carpionato Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012