

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.

	2. Exact nai	2. Exact name of the limited liability company					
552178	Zarrella d	Zarrella & Associates, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
	real estate						
RI							
5. Principal office address 2 Olson's Way			City	State	Zip		
			East Greenwich	RI	02818		
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	rson:			
Contact Name			Contact Title	Contact Title			
Gerald Zarrella, Jr.	_						
Street Address 2 Olson's Way			City	State	Zip		
			East Greenwich	RI	02818		
		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
("X" BOX FOR ATTAC	HMENT)						
rang da da kabatan kabatan da mada kabatan kabatan baran kabatan baran kabatan baran kabatan baran kabatan bar			Manager Name				
Manager Name	HMENT)		Manager Name Street Address				
Manager Name Street Address	HMENT)	Zip	· ·	State	Zip		
Manager Name Street Address City		Zip	Street Address	State	Zip		
Manager Name Street Address City Manager Name		Zip	Street Address City	State	Zip		
Manager Name Street Address City Manager Name Street Address		Zip	Street Address City Manager Name	State	Zip		
("X" BOX FOR ATTAC Manager Name Street Address City Manager Name Street Address City 8. RESIDENT AGENT IN	State		Street Address City Manager Name Street Address				

FILED

NOV 05 2014

BY 3312

File Date	Under penalty of perjury, I declare and affirm the this report, including any accompanying schedard that all statements contained herein are true.	dules and statements
Check No.		10/16/14
	Signature of Authorized Person Geneda P. Zamella Jr.	/ Date/
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012