

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.	2. Exact na	ame of the limited lia	2. Exact name of the limited liability company			
134953	I	ROMAN-TIC PROPERTIES II, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	l l	PROPERTY OWNERSHIP, INVESTMENT, RENTAL MANAGEMENT				
5. Principal office address 29 TIOGUE AVENUE			City WEST WARWICK	State	Zip 02893	
6. MAILING ADDRESS OF L	IMITED LIABILY	TYRCOMPANY AND	NAME OR TITLE OF CONTACT PER	SON	- 02075	
JEAN A. BOULANGER Street Address		Contact Title ATTORNEY FOR	Contact Title ATTORNEY FOR PROCESS City State Tip			
1035 MAIN STREE	1035 MAIN STREET			State	Zip 02816	
	IAMES AND ADD	IRESSES) OF THE	COVENTRY LIMITED LIABILITY COMPANY, IF AL	PLICABLE - DO N	CIL ISI MEMBERS	
Manager Name	lanager Name			The same of the sa	和陈公司的 公司第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
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	T	
B REBIDENT AGENTAN RIYO	Shele AND			State	Zip	
This information is currently	of record in the	Office of the Committee	etary of State. Changes require filing			
	011000101111110	Office of the Secre	ਸਕਾy of State. Changes require filing	Form 642.		

FILED

NOV 05 2014

BY 9891

File Date			
Check N	6 - 10 6 - 10		12 17
By:			
FOR SE	CRETARY	OF STATE	JSE ONLY

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

Signature of Authorized Person

Date

ROMAN DROZDOWSKI

Fript or Type Name of Authorized Person