

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	2. Exact name of the limited liability company						
134954	POLSKA PROPERTIES II, LLC							
3. State of Formation	Brief description of the character of business conducted in Rhode Island							
RHODE ISLAND	PROPERTY OWNERSHIP, INVESTMENT, RENTAL MANAGEMENT							
5. Principal office address 29 TIOGUE AVENUE			City WEST WARWICK	State RI	Zip 02893			
6. MAILING ADDRESS OF LIMI	TED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT PER	SON:				
Contact Name			Contact Title	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
JEAN A. BOULANGER Street Address				ATTORNEY FOR PROCESS				
1035 MAIN STREET			COMENTERS	State	Zip			
	Fo AUD ADD	n di suda la madili sta chin be	COVENTRY	RI	02816			
(X' BOX FOR ATTACHMEN			LIMITED LIABILITY COMPANY, IF AL					
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	Ζip	City	State	Zip			
RESIDENT AGENT IN RHOOF	3 11 63 2 61 64 77 77 77 77 77 77 77 77 77 77 77 77 77	1: 1						
This information is currently of	record in the	Office of the Secr	etary of State. Changes require filin	g Form 642.				

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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 contained pereig are true and correct.

Sinta Maria 10 2 - 1

Date

/ROMAN DROZDOWSKI

Print or Type Name of Authorized Person