

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 156250 | | Exact name of the limited liability company Deion Land Company, LLC | | | | | |
|--|-----------------------|--|-------------------------------|---------------------|---------------------|--|--|
| 3. State of Formation Rhode Island | | Brief description of the character of business conducted in Rhode Island Ownership and management of real estate | | | | | |
| Principal office address 2091 Nooseneck Hill Road | | City Coventry | State RI | Zip 02816 | | | |
| | F LIMITED LIABILE | TÝ COMPANY AND NA | AME OR TITLE OF CONTACT | PERSON: | | | |
| Contact Name Henry John Deion III | | Contact Title | | | | | |
| Street Address 2091 Nooseneck Hill Road | | | City Coventry | State RI | Zip 02816 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK | (NAMES AND ADD | PRESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name Henry John Deion III | | | Manager Name | | | | |
| Street Address 2091 Nooseneck Hill Road | | | Street Address | | | | |
| City Coventry | State RI | Zip 02816 | City | State | Žip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGENT IN F | RHODE ISLAND | | | <u>_</u> | | | |
| This information is surro | ntly of record in the | Office of the Secret | ary of State. Changes require | filing Form 642 | | | |

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| File Date Check No | Under penalty of perjury, I declare and affirm that I have ex- this report, including any accompanying schedules and sta and that all statements contained herein are true and corre- | tements |
|---------------------------------|---|---------|
| By: | Signature of Authorized Person Da | ıte |
| FOR SECRETARY OF STATE USE ONLY | Henry John Deion III | |
| TOTAL OF STATE OF STATE | Print or Type Name of Authorized Person | |

Form No. 632 Revised: 01/2012