

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 Reid Re	me of the limited liab al Estate & Inve	oility company estment, LLC			
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island		Real Estate investment and holding				
5. Principal office address 22 Sextant Lane			City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Michael R. Martone			Contact Title Member			
Street Address 22 Sextant Lane			City · Narragansett	State RI	Zip 02882	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) 🗌	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	APPLICABLE - DO	IXIO2 A STAMENBERS IN	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address ·			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI	HODE ISLAND					
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes require f	iling Form 642.		

FILED

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FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

File Date

Check No

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, apply that all statements contained berein are true and correct.

Signature of Authorized Person

Michael R. Martone, Member

Print or Type Name of Authorized Person