



**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.<br><b>117021</b>   |       | 2. Exact name of the limited liability company<br><b>T &amp; A Realty LLC</b>   |                                |                              |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investments and rentals</b> |                                |                              |                     |
| 5. Principal office address<br><b>195 James P Murphy Hwy</b>  |       |   | City<br><b>West Warwick</b>    | State<br><b>Rhode Island</b> | Zip<br><b>02893</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |   |                                |                              |                     |
| Contact Name<br><b>Anthony J Vessella</b>   |       |   | Contact Title<br><b>Member</b> |                              |                     |
| Street Address<br><b>195 James P Murphy Hwy</b>   |       |   | City<br><b>West Warwick</b>    | State<br><b>Rhode Island</b> | Zip<br><b>02893</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |   |                                |                              |                     |
| 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                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |   |                                |                              |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |                                |                              |                     |

**FILED**

**NOV 13 2014**

BY 582

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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 herein are true and correct.

Signature of Authorized Person Anthony J Vessella Date **11/10/2014**  
 Print or Type Name of Authorized Person