



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. 130254		2. Exact name of the limited liability company RGB Alliance Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Own and maintain real estate			
5. Principal office address 13 Industrial Lane			City Johnston	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Peter Baffoni			Contact Title Manager		
Street Address 80 Clark Road			City Smithfield	State RI	Zip 02917
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"/>					
Manager Name Peter Baffoni			Manager Name Edmund M. Ricci		
Street Address 80 Clark Road			Street Address 15 Marion Drive		
City Smithfield	State RI	Zip 02917	City Coventry	State RI	Zip 02816
Manager Name David Gianfrancesco			Manager Name		
Street Address 534 Fruit Hill Avenue			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 13 2014

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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.

Peter Baffoni *10-29-14*
 Signature of Authorized Person Date

Peter Baffoni
 Print or Type Name of Authorized Person