

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

Filling 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.	i i	2. Exact name of the limited liability company				
557721	DREWNIAK. REALTY, LLC					
3. State of Formation	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island				
RI.	Re	TAIL 1	CONTAL PROPERTY			
5. Principal office address 526 FM	PONT	57.	City Utopu.	State Z.	20285	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
	cewn.	AK.	Contact Title PRES,			
Street Address 526 FRA	NT S	57.	City WWW.SOCA	KET State RI.	^{Zip} 2895	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	Gity	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	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 \$42.						
FILED						

NOV 1 4 2014

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

DAVID

Date

Print or Type Name of Authorized Person

m.

Form No. 632 Revised: 01/2012