

## 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. 116717	Exact name of the limited liability company     To Youngs Avenue, LLC				
3. State of Formation  Rhode Island	Brief description of the character of business conducted in Rhode Island     Real estate.				
5. Principal office address 22 Tiogue Avenue			City West Warwick	State RI	<sup>Zip</sup> <b>02893</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Kenneth A. Rossi			AME OR TITLE OF CONTACT PERSON:  Contact Title  Member		
Street Address 22 Tiogue Avenue				State <b>RI</b>	<sup>Zip</sup> <b>02893</b>
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <b>DO</b>	NOT LIST MEMBERS
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 RH					
This information is current	ly of record in th	e Office of the Seci	retary of State. Changes require fil	ing Form 642.	

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File Date	this report	
	and that a	
Check No		
Bv:	Signature/c	
	Kenneth	
FOR SECRETARY OF STATE USE ONLY	Deint or Tim	

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 Date

Kenneth A. Rossi

Print or Type Name of Authorized Person