

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. 520267		2. Exact name of the limited liability company 501 Property Manager,LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	ate Developme	nt, Investment,Managemen	it & Holding		
5. Principal office address 71 Wingate Rd			City Providence	State RI	Zip 02906	
	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Louis Yip			Contact Title Member			
Street Address 521` Roosevelt Ave			City Central Falls	State RI	Zip 02863	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 23 00	
Manager Name			Manager Name			
Street Address			Street Address 2			
City	State	Zip	City	State	Zip S OC)	
8. RESIDENT AGENT IN I	RHODE ISLAND				9. 0.31	
This information is curre		FILED NOV 21 20 3106 A-A-	retary of State. Changes require fi	lling Form 642.	3 < ∏	
File Date			Under penalty of perjuthis report, including and that all statement Signature of Authorized	any accompanying s contained herein	firm that I have examined schedules and statements, are true and correct.	

Print or Type Name of Authorized Person

Revised: 01/2012

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