State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • Filing Fee: $50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	2. Exact name of the limited liability company
121495	Ardente Realty Investors, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Holding,owning,buying,selling,pledging or otherwise dealing in any and all investment opportunities,including,without limitation,mutual funds,annuities,money

5. Principal office address	City	State	Zip
469 Centerville Road, Suite 206	Warwick	Rhode Island	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Marilyn Ardente	Operating Manager

Street Address	City	State	Zip
c/o Amedeo C. Merolla, Esq.,469 Centerville Rd	Warwick	RI	02886

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Marilyn Ardente	c/o Amedeo C. Merolla, Esq.,469 Centerville Rd	Warwick	RI	02886
Evan Ardente	c/o Amedeo C. Merolla, Esq.,469 Centerville Rd	Warwick	RI	02886

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Amedeo C. Merolla, Esq			
	469 Centerville Rd., Suite 206	Warwick	02886

FILED

NOV 24 2014

BY 2854

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 1 2 1 4 9 5 [redacted]

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.

Marilyn Ardente 11/7/14
Signature of Authorized Person *Date*

Marilyn Ardente
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 08/06