RI SOS Filing Number: 201450357160 Date: 11/24/2014 4:00 PM

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.	2. Exact name of the limited liability company		
71700	PAWTUCKET LAND COMPANY, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	REAL ESTATE LEASING, RENTING, & MANAGING		
5. Principal office address	City	State	Zip
25 ESTEN AVENUE	PAWTUCKET	RI	02860-4826

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

Contact Name	Contact Title		
MICHAEL KNAPP	MEMBER		
Street Address	City	State	Zip
25 ESTEN AVENUE	PAWTUCKET	RI	02860-4826

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
MICHAEL KNAPP			OWEN WILLIAMS		
Street Address			Street Address		
25 ESTEN AVENUE			25 ESTEN AVENUE		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860-4826	PAWTUCKET	RI	02860-4826
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 642.

FILED
NOV 24 2014
3425

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.

11/21/2014
Signature of Authorized Person — Date

MICHAEL KNAPP, MEMBER
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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