

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 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

Real esta ulevard - Unit JMITED LIABILIT	10 Y COMPANY AND	City Warwick  NAME OR TITLE OF CONTAC  Contact Title  City Warwick  LIMITED LIABILITY COMPANY	State RI T PERSON:	Zip 02886 Zip 02886
Real esta ulevard - Unit JMITED LIABILIT ulevard - Unit	10 Y COMPANY AND	City Warwick  NAME OR TITLE OF CONTAC  Contact Title  City Warwick	State RI T PERSON:	<b>02886</b>
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AMES AND ADD	_	Warwick	RI	Zip <b>02886</b>
AMES AND ADDI	RESSES) OF THE	LIMITED LIABILITY COMPANY	/ IE 100 / IE	•
			r, IF APPLICABLE - DO	NOT LIST MEMBERS
	Vanager Name N/A			
Street Address Sity State Zio		Street Address		
State	Zip	City	State	Zip
		Manager Name N/A		
		Street Address		
State	Zip	City	State	Zip
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of record in the	Office of the Secre	etary of State. Changes requir	e filina Form 642	<b>N</b> (/)
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· •	·	this report, including and that all statements of Authoriza	g any accompanying s nts coutained herein a	schedules and statement
	DE ISLAND of record in the	DE ISLAND of record in the Office of the Secre  2014	State Zip City  DE ISLAND of record in the Office of the Secretary of State. Changes require  2014  Under penalty of pethis report, including and that all stateme  Signature of Authoriza	State Zip City State  DE ISLAND  of record in the Office of the Secretary of State. Changes require filling Form 642.  Under penalty of perjury, I declare and affithis report, including any accompanying sand that all statements contained increin a Signature of Authorized Person