

## 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

Filling 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 26 Field Realty, LLC							
165209		• • • • • • • • • • • • • • • • • • • •							
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Real Estate Holding Company								
5. Principal office address 26 Field Street		City Cranston	State RI	Zip <b>02920</b>					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N			***************************************	1 *	02920				
Contact Name	MWITED THAT	Y COMPANY AND	Contact Title	PERSUN:					
Edward Imperatore			Member						
Street Address 26 Field Street			City Cranston	State <b>RI</b>	Zip <b>02920</b>				
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - <u>DO</u>	NCT LIST MEMBERS				
Manager Name NONE Street Address			Manager Name NONE Street Address						
								City	State
Manager Name NONE			Manager Name NONE						
Street Address	<del></del>		Street Address						
City	State	Zip	City	State	Zip OV 2				
8. RESIDENT AGENT IN R	HODE ISLAND				3				
This information is currer	ntly of record in the	e Office of the Seci	retary of State. Changes require	e filing Form 642.	<b>-p</b>				
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Form No. 632 Revised: 01/2012 Under penalty of perjury, Lectare 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

**Edward Imperatore, Sole Member** 

Print or Type Name of Authorized Person