

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

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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,

| 1. Entity ID No. 140224 | | 2. Exact name of the limited liability company Felicia Imperatore, LLC | | | | | |
|--|----------------------------|--|----------------------------------|-----------------------------|-------------------|------------------|--|
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company | | | | | |
| 5. Principal office address 200 East 57th Street, Apartment 7g | | | City New York | State NY | Zip 10022 | | |
| | OF LIMITED LIABILIT | Y COMPANY AND | NAME OF TITLE OF CONTACT | PERSON: | Bokeli (1931) tok | | |
| Contact Name Felicia Imperatore | | | Contact Title Member | | | | |
| Street Address 200 East 57th Street, Apartment 7g | | | City New York | State NY | Zip 10022 | | |
| 7. LIST ALL MANAGER | S (NAMES AND ADD HMENT) | RESSES) OF THE | LIMITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT IST MEMB | ERS | |
| Manager Name NONE | | | Manager Name NONE | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name NONE | | | Manager Name NONE | NONE SO | | | |
| Street Address | | | Street Address | Street Address STEEL STREET | | | |
| City | State | Zip | City | State | Zip 25 | AR AR | |
| 8. RESIDENT AGENT IN | RHODE ISLAND | | | | | 29 | |
| This information is curr | ently of record in the | Office of the Sec | retary of State. Changes require | filing Form 642. | | ζ, ₍₁ | |
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| By: | | | lai yang Bulatan |
| FOR SE | CRETARY | F STATE | USE ONLY |

Form No. 632 Revised: 01/2012

| Under penalty of per | dry, I declare and affirm that I have examined |
|-----------------------|--|
| his report, including | any accompanying schedules and statements, |
| and that all statemen | ts contained herein are true and correct. |

Signature of Authorized Person

Date

Felicia Imperatore, Member

Print or Type Name of Authorized Person