

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.

1. Entity ID No. 126534	2. Exact name of the limited liability company 1240 PAWTUCKET AVE LLC				
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhod G COMPANY	e Island	
5. Principal office address 1308 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
Contact Name DAVID J LUCIER			Contact Title MEMBER		
Street Address 1308 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
					ส่งเรียน - สมกับ 1 ไป 13
Manager Name DAVID J LUCIER			Manager Name LEO J DELISI		
Street Address 1308 ATWOOD AVE			Street Address 1308 ATWOOD AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Manager Name N/A			Manager Name N/A		
Street Address		71,	Street Address		
City	State	Zip	City	State	Zip
RESIDENTACENTACE This information is current			tary of State. Changes require fi	ling Form 642	

FILED

NOV 2 3 2014

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

DAVID J LUCIER

Print or Type Name of Authorized Person