



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. <b>158546</b>		2. Exact name of the limited liability company <b>Centerville Gardens, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>Engage in the business of real estate</b>			
5. Principal office address <b>612 Greenwich Avenue</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Michael Ferri</b>		Contact Title			
Street Address <b>2758 78th Ave SE, Apt. C510</b>		City <b>Mercer Island</b>	State <b>WA</b>	Zip <b>98040</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Michael Ferri</b>		Manager Name <b>None</b>			
Street Address <b>2758 78th Avenue SE, Apt. C510</b>		Street Address			
City <b>Mercer Island</b>	State <b>WA</b>	Zip <b>98040</b>	City	State	Zip
Manager Name <b>None</b>		Manager Name <b>None</b>			
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 25 2014

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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.

*Michael Ferri*  
Signature of Authorized Person

*11/20/14*  
Date

*Michael Ferri*  
Print or Type Name of Authorized Person