

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 __

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.	2. Exact name	of the limited liabil	lity company		····
7.86.2.55 3. State of Formation	4. Brief descrip	Rn-3	ter of business conducted in Rhode Isla	nd	
R.T.	Rea	1 Est.	ate Hal Divs	Cu	
5. Principal office address	Stree	T	City New Port	Rate RJ	Zip O ZSYO
Contact Name	RA-J	COMPANY AND N	Contact Title	ON: PRESENTED	
Street Address Jac Point . RJ			N. Kinsstown	State T	Zip 02052
7. LIST ALL MANAGERS ("X" BOX FOR ATTACHI Manager Name	NAMES AND ADDR MENT) []	ESSES) OF THE L	IMITED LIABILITY COMPANY, IF APF Manager Name	LICABLE - DO N	OT LIST MEMBERS
Street Address SAC Point RA			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RI		Office of the Secre	etary of State. Changes require filing	Form 642	
FILED DEC 0 8 201 419 5 419	4				SECRETARY OF STATE CORPORATIONS DIV
File Date Check No By:			Under penalty of perjury, I this report, including any a and that all statements so Signature of Authorized Person	accomplinying so ntained herein are	hedules and statements,
FOR SECRETARY OF ST	ATE USE ONLY		Print or Type Name of Autho	rized Person	

Form No. 632 Revised: 01/2012