



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.<br><u>797827</u>                                                                                                                                  |       | 2. Exact name of the limited liability company<br><u>Reilly Mansillo Calabro LLC</u>             |                      |                     |     |
| 3. State of Formation<br><u>R.I.</u>                                                                                                                               |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Law office</u> |                      |                     |     |
| 5. Principal office address<br><u>100 W. Main St.</u>                                                                                                              |       | City<br><u>Providence</u>                                                                        | State<br><u>R.I.</u> | Zip<br><u>02903</u> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |       |                                                                                                  |                      |                     |     |
| Contact Name<br><u>Raymond Mansillo</u>                                                                                                                            |       | Contact Title<br><u>member</u>                                                                   |                      |                     |     |
| Street Address<br><u>same as above</u>                                                                                                                             |       | City<br><u>Prov.</u>                                                                             | State<br><u>R.I.</u> | Zip<br><u>02903</u> |     |
| 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                                                                                                                                                       |       | Manager Name                                                                                     |                      |                     |     |
| Street Address                                                                                                                                                     |       | 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 RHODE ISLAND                                                                                                                                  |       |                                                                                                  |                      |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                  |       |                                                                                                  |                      |                     |     |

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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

Print or Type Name of Authorized Person

Date