

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.	2. Exact nar	2. Exact name of the limited liability company				
125823	Morrocco Realty, ಒと					
3. State of Formation	Brief description of the character of business conducted in Rhode Island			· · · · · · · · · · · · · · · · · · ·		
5. Principal office address			City	State	Zip	
8. MAILING ADDRESS O	F LIMITED LIABILE	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Gary Morrocco			Contact Title			
Street Address 61 Kimberly Lane			City Cranston	State RI	^{Zip} 02921	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE ; <u>DO</u>	NOT LIST MEMBERS	
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			PACYAGES		
This information is curre	ently of record in the	e Office of the Sec	retary of State. Changes require	e filing Form 642.		

FILED

JAN 0 8 2015

File Date	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.
Check No	Signature of Authorized Person Date
	Gary Morrocco
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012