



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. <u>000799423</u>		2. Exact name of the limited liability company <u>DELIA LONSDALE, LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>	
5. Principal office address <u>985 LONSDALE AVE</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u> Zip <u>02863</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <u>DELIA AGUILAR</u>		Contact Title <u>OWNER</u>	
Street Address <u>985 LONSDALE AVE</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u> Zip <u>02863</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 <u>Delia Aguilar</u>		Manager Name	
Street Address <u>117 DORSETT AVE</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
Manager Name		Manager Name	
Street Address		Street Address	
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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MAR 24 2015

BY 245366
KML

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 By: _____
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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.

Delia Aguilar 03-24-2015
 Signature of Authorized Person Date
DELIA AGUILAR
 Print or Type Name of Authorized Person