

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 name	of the limited liabi	lity company			
125857	357 K.M. Dopertes LLC					
3. State of Formation	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island				
RI	Leny	ac. W	lopesky			
5. Principal office address	borth St	Teet	noesn H	State Swidn CR	2ip 0)908/	
& MAILING ADDRESS	OF LIMITED LIABILITY	COMPANYAND	NAME OF TITLE OF CONTAC	T PERSON:	dis et iligien etreptika kolorikismo	
Contact Name Daylorn N. Mortela			Contact Title	Contact Title MUNICA		
Street Address	iss (City	City State Zip		
16 Monke	works Their		O BELLS BY	DICEM 1	12904	
7. LIST ALL MANAGER	RS (NAMES AND ADDR	ESSES) OF THE I	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO	NOT LIST MEMBERS	
("X" BOX FOR ATTA	CHMENT)		refresh to the second by the second of the		at halvey and a second with the second	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
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8. RESIDENT AGENT IN	RHODE ISLAND	والشجائي فالإجاب بالرجيهان	April 1988 (1984) - Principal Company	Comment of the Section of the sectio		
This information is cur	rently of record in the (Office of the Secr	etary of State. Changes requ	ire filing Form 642.	r Riv	
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File Date			this report, includ	perjury, I declare and affi ling any accompanying s nents contained her ein a	chedules and statements,	
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			Kaulen	M Mondels rized Person A M M	Date	
Ву:	mega ina matayan kasesi kali Matanana ara		Signature of Autho			
FOR SECRETARY OF	STATE USE ONLY		Print or Type Name	e of Authorized Person	ILIIA .	

Form No. 632 Revised: 01/2012