

## 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.

5. Principal office address 41 Shepard Avenue  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Salvatore Compagnone  Street Address 41 Shepard Avenue  T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  Manager Name  Manager Name  City  State  T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  State  Manager Name  Manager Name  Manager Name	1. Entity ID No. 131146		Exact name of the limited liability company     Comp Realty LLC.					
5. Principal office address 41 Shepard Avenue  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Salvatore Compagnone  City President  City President  City President  City Providence RI  State RI  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  Manager Name			4. Brief description of the character of business conducted in Rhode Island  APTS real estateowning & managing					
Contact Name Salvatore Compagnone  Street Address 41 Shepard Avenue  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  State  Zip  City  State  Manager Name  Manager Name  Manager Name  Manager Name  Manager Name	5. Principal office address			City	State	Zip <b>02904</b>		
Street Address 41 Shepard Avenue  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  Street Address  City  State  Zip  City  Manager Name  Manager Name  Manager Name  Manager Name  Manager Name	L MAILING ADDRESS	OF LIMITED LIABILE	TY COMPANY AND	NAME OF TITLE OF CONTAC	T PERSON:			
41 Shepard Avenue  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City  State  Zip  City  State  Manager Name  Manager Name  Manager Name		gnone						
Manager Name   Manager Name	Street Address 41 Shepard Avenue					Zip <b>02904</b>		
Street Address  Street Address  City  State  Zip  City  Manager Name  Manager Name	. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADE CHMENT) [	PRESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBER:		
City State Zip City State  Manager Name Manager Name	Vanager Name			Manager Name				
Manager Name Manager Name	Street Address	* .	The Market T	Street Address				
	Dity	State	Zip	City	State	Zip		
Street Address Street Address	Manager Name			Manager Name				
	Street Address			Street Address				
City State Zip City State	Zity	State	Zip	City	State	Zip		
R. RESIDENT AGENT IN RHODE ISLAND	RESIDENT AGENT IN	RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642	his information is curr	rently of record in the	Office of the Secr	etary of State, Changes requi	re filing Form 642.			

## **FILED**

APR 0 2 2015

File Date By 84=	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.  Saluace awhaywar 3-30-15
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Salvatore Compagnone
ON SECTION OF STATE OSCIONET	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012