



2014

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

2015 MAY 15 AM 9:54
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

1. Entity ID No. 000520858		2. Exact name of the limited liability company Eastern Estates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Household Services			
5. Principal office address 101 Ygnacio Valley Road, Suite 320		City Walnut Creek	State CA	Zip 94596	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul T. Marinelli		Contact Title Manager			
Street Address 101 Ygnacio Valley Road, Suite 320		City Walnut Creek	State CA	Zip 94596	
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 Paul T. Marinelli		Manager Name			
Street Address 101 Ygnacio Valley Road, Suite 320		Street Address			
City Walnut Creek	State CA	Zip 94596	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.					

2015 MAY 14 AM 9:00
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED
 MAY 15 2015
 By A.A. 9:54 A.M.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Paul T. Marinelli
 Signature of Authorized Person

04/30/2015

Date

Paul T. Marinelli, Manager

Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

