

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 liability company					
12624	3 Pe	emier 1	HOLDINGS LLC			
3. State of Formation	4. Brief desc	ription of the chara	cter of business conducted in Rhode Island	l		
RI	R	eal Est	ME			
	EN END		City MINDLETOUN	State	Zip 02842	
	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERSON	t		
Contact Name FRED BAFFUUS			Contact Title			
Street Address 178 GREEN FUN AUE			City MIDDLETOUN	State	グン8イン	
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATTA	RS (NAMES AND ADD (CHMENT) []	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPL	ICABLE - <u>DO N</u>	OT 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 I	100 100 100 100 100 100 100 100 100 100					
This information is cur	rently of record in the	Office of the Sec	retary of State. Changes require filing Fo	orm 642.		

FILED

File Date	CIUS 8 I YAM	Under penalty of perjury, I declare and affirm tha this report, including any accompanying schedu and that all statements contained herein are true	les and statements
acconstant by		Treat Burner W	5-1-15
ik iye kasanda kalebala da		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		FRED H. BARROWS	1V
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012