

## 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 2013

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.

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1. Entity ID No.		ne of the limited liabilit erties, LLC	y company			
541945						
3. State of Formation	L .	•	r of business conducted in Rhoo	le Island		
RI	Real Esta	ate				
5. Principal office address 301 Barnes Road			City Burrillville	State <b>RI</b>	Zip <b>02830</b>	
	atan kanadalan atau kanada ka	. Zazavienovi vanjanja	AME OR TITLE OF CONTACT.)			
Contact Name	EMIS-PERASES	es company and a	Contact Title		<u>STATES NAMERIO SE REPONDO E EL PRESENTO</u>	
David Graham			Owner/Manager  City State Zip			
Street Address 301 Barnes Road			City <b>Burrillville</b>	RI	Zip <b>02830</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) 🔲	RESSES) OF THE LI	MITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT 451 MEMBERS	
Manager Name David Graham			Manager Name			
Street Address 301 Barnes Road	***		Street Address			
City <b>Burrillville</b>	State RI	Zip <b>02830</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip. On One	
8. RESIDENT AGENT IN F						
This information is curre	ntly of record in the	Office of the Secret	tary of State. Changes require	filing Form 642.	= ;	
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Form No. 632 Revised: 01/2012

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 nevel are true and correct.
Dans P. Men 6/4/15

Signature of Authorized Person

Date

**David Graham** 

Print or Type Name of Authorized Person