

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 <u>3013</u>

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.	2. Exact nam	2. Exact name of the limited liability company				
00012828	ODDI 28284 B.S. PROPERTIES L. L.C. State of Formation 4. Brief description of the character of business conducted in Rhode Island					
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R.1.	PRI	PERTIES	S MANHGEN	1 ENT		
5. Principal office address 108 R. TOUISSET	- DI		City	State	Zip 02885	
STATE OF THE STATE	PENTAGO PENTAG	A-CHEANTANT	Ny valle de com	ACT PERSON		
Contact Name WILLIAM			Contact Title	PERSIDENT		
Street Address 108 R. TOUISS	SETED,		City WARR	10.	Zip Udf85	
7. LIST ALL MANAGERS (FX: BOX FOR ATTACK			ETAMPED LIABILITY COMP	ANY, IF APPLICABLE - DO A	KOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
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JUN 1 1 2015						
		BY_AL 2	150458			
2.37 Under penalty of perjury, I declare and affirm that I have examined						
File Date this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Check No			Thomas of the same	~ 1/1m	6.1115	
By:	Constant		Signature of Aut		Date	
FOR SECRETARY OF S	TATE USE ONLY		$\frac{\mathcal{U}_{I}/\mathcal{U}_{I}}{Print}$ or Type Na	me of Authorized Person	AVCCK	

Form No. 632 Revised: 01/2012