

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 ________

Filling 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.

Entity ID No. 2. Exact name of the limited liabilit	ty company			
128091 SAMORL	WOOD PROPE	शाध ८	46	
State of Formation 4. Brief description of the character	er of business conducted in Rhode Isla			
RI Kenl	ESTATE	ESTATE		
5. Principal office address 928	CharlesTown	State /	2513	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N	AME OF TITLE OF CONTACT PERS	OH:		
Contact Name GIUII 1 18	Contact Title			
Street Agreed Boston Working Reministration	City	State	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LI ("X" BOX FOR ATTACHMENT)	MITED LÍABILITY COMPANY, IF AP	PLICABLE - <u>DO N</u>	OT LIST MEMBERS	
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City / State Zip	City	State	Zip	
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Street Address	Street Address			
City State Zip	SIX	State on state of the state of	Zip	
8. RESIDENT AGENT IN AHODE ISLAND				
This information is currently of record in the Office of the Secret	tary of State. Changes require filing	Form 642.		
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File Date	Dider penalty of perjury,	accompanying sc	hedules and statements,	
	and that all statements co	\ 1 '1	true and correct.	
Check Mo	1 9 2015 Signature of Authorized Per	\/\n~	17 0c T 15	
20) Signature of Address 280 Tel			
	Print or Type Name of Auth	orized Person		
Form No. \$324	one Charge India		Carlo de la companya della companya	
Revised: 01/2012				
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