

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

2015

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				·
121973	Sec	and Stor	of Realty	LLC	
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island			e Island	
RI.	FRO	1/ Estat	e Folding	Composu	4
5. Principal office address	N 57		City E. Grunn	ich State	T Zip Dellf
6. MAILING ADDRESS OF LIMIT	ED LIABILITY (OMPANY AND NAME	OR TITLE OF CONTACT P	PERSON:	<u> </u>
Contact Name	e.///	City Cheenuich State Zip OZFIF			
Street Address 655 Main Ct.			City Coreenu	state K	I Zip DEFIF
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRE	SSES) OF THE LIMITE	D LIABILITY COMPANY, II	FAPPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	^T Zip	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 Of	ffice of the Secretary of	f State. Changes require	filing Form 642.	
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FILED

OCT 2 6 2015

By 2095

File Date	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.
Check No	Maria Canudlelle 10-1-15
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012