

## 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

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## 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 nar	ne of the limited liab	ility company			
486149	1	Propertie	• • •			
3. State of Formation	4 Print done	winding of the state of				
o. State of Formation	To ac	4. Brief description of the character of business conducted in Rhode Island To acquire, hold, use, manage, sell, convey, lease or				
Rhode Island	dispo	se of and	deal in real estat	ie	, icase or	
5. Principal office address			City	State	ZIP	
	131 Wilde Field Drive			RI	02889	
6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT PE	RSON:		
Contact Name			Contact Title			
Gregory Bass	<u>ett                                   </u>		Member			
Street Address	1 1 To 1		City	State	Zip	
131 Wilde Fie			Warwick	RI	02889	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADD ENT) □	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	NOT LIST MEMBERS	
Manager Name	<u>, [</u>	<u> </u>	Manager Name			
			Trainage rearie			
Street Address	Street Address		Street Address		2015	
City	State	Zip	City	State	<b>24 1 2 3 3 3 3 3 3 3 3 3 3</b>	
Manager Name	Manager Name			Manager Name		
Street Address			Street Address		PH IS	
City	State	Zip	City	State	DIVE ALE	
8. RESIDENT AGENT IN RHO	ODE ISLAND				N3	
This information is currently	y of record in the	Office of the Secr	etary of State. Changes require fil	ing Form 642.	3 -	
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OCT <b>2 6</b> 2015					VED OF STATE ONS DIV AM II: 53	
A 2595	70				<b>53</b> √€	
By 0370	KM					
	-		Under penalty of perju	ry, I declare and affir	m that I have examined	

SOIP OCT SE PHIS: OL 2015 OCT 13	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Solution  Signature of Authorized Person  Date		
TIANU VIG SKOITARO	Signature of Authorized Person	Date	
YOF STATE USE ONLY	Gregory Bassett Print or Type Name of Authorized Person		

Mariet No. 332 Profesion Wilderla

FOR SECRETAR