

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 nan	2. Exact name of the limited liability company				
113261	1	1470 LLC				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
RI	Real	Real estate Rental				
5. Principal office address	on Au	e Unit#	5 City Prov.	State 7	Zip 6 2 9 0 9	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Volgnte			Contact Title	OWNER		
Street Address 670 U1104 Ave # 5			city Prou	State I	2ip 02909	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	NAMES AND ADD	RESSES) OF THE L	IMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>DO</u>	NOT 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		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND						
This information is curren	tly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.		
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OCT 2 6 2015 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date Check No Date Ву: _ FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012