

## 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 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. 163488	2. Exact nar	2. Exact name of the limited liability company				
	FOCUS PROPERTY MANAGEMENT LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	PROPER	PROPERTY MANAGEMENT				
5. Principal office address 282 THAMES ST			City <b>NEWPORT</b>	State RI	Zip <b>02840</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OF THILE OF CONTACT	PERSON:		
Contact Name VINCENT J O'DWYE	R		Contact Title			
Street Address 282 THAMES ST			City NEWPORT	State RI	Zip <b>02840</b>	
7, LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name	<u> 1997-1990 (1993 — Colordo Mediacello</u>	33555556555555555555555555555555555555	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
RESIDENT AGENTIN R	HODEISITAND					
This information is curren	tly of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.		
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File Date	PIGE STATE AND STATE OF THE STA		this report, including	any accompanying	firm that I have examined schedules and statements	
Check No.	nanda dheka fa shirin Sunda dheka da shirin		and that all statemer	ns contained herein :	are true and correct.	
gerene betroeit ettermin forgenant op op hot stellere			Signature of Authorized Person Date			
By the control of the second			VINCENT J O'DV	3	Date	
FOR SECRETARY OF ST	ATE USE ONLY		Print or Type Name of			

Form No. 632 Revised: 01/2012