

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 747954	2. Exact na Eastern	2. Exact name of the limited liability company Eastern Region Associates, LLC				
3. State of Formation			cter of business conducted in Rhode	Island		
RI	Consult	ing				
5. Principal office address 6 Chaces Lane			City Central Falls	State RI	Zip 02863	
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ASON:		
Contact Name Keith S. Venditelli			Contact Title Authorized Repres	entative		
Street Address 6 Chaces Lane			City Central Falls	State RI	Zip 02863	
/* List all Managers (("X" Box for attach)		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IE	APPLICABLE - <u>Do</u>	NOT UST MEMBERS	
Manager Name		<u> </u>	Manager Name			
Straat Address	•		Street Address			
City	State	Zip	C:4. ,	State	l 7in	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 2	
RESIDENT AGENT IN RI	IODE ISLAND			5,4245 of B (\$1.5)		
his information is current	ly of record in th	e Office of the Sec	retary of State. Changes require fi	ling Form 642.	2 906	
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			Under penalty of perju	ry, I declare and af	firm that I have examined	
File DateCheck No			this report, including and they all statements	eny accompanying s contained herein	schedules and statement are true and correct.	
		.•	Signature of Authorized	Person	Date	

Keith S. Venditelli

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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