

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: Sentember 1 - November 1 - This is

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.

Entity ID No. 2. Exact name of the limited liability.	ity company		
1.54 1/- 1/- 5/-	PERTIES LLC		
State of Formation 4. Brief description of the character	er of business conducted in Rhode Island		
STATE of RHODE Island RENTAL House (@ 26 KNOWLRSWAY, NAR.	RAGANSETT, RI	
AND CROS. (LANT.)	City (Ste	te Zip	
5. Principal office address 64 SALTAIRE AVE,		ate RI 2ip 07882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N	Contact Title		
Contact Name D FORTUNE	MANAGER	MANAGER	
Street Address SALTAIRE AVENUE			
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE L ("X" BOX FOR ATTACHMENT)	IMITED LIABILITY COMPANY, IF APPLICAE	BLE - DO NOT LIST MEMBERS	
Manager Nagle,	Manager Name		
Street Address 1	Street Address	<u>သ</u> ခြည့်	
City / State Zip	City Sta	ate Zip So	
Manager Name	Manager Name		
Street Address	Street Address		
City	City	ate Zip	
8. RESIDENT AGENT IN RHODE ISLAND SAME AS	ABOVE	3 SM	
This information is currently of record in the Office of the Secre	etary of State. Changes require filing Form	642. 3 22.2	
20 PM 1: 00	FILED -	CENTED TARY OF STATE ORATIONS DIV	
	IL 2 0 2016		
By Cu	279487 1:08	2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
SI W Tomin	Under penalty of perjury, I deck this report, including any accor- and that all statements contains	are and affirm that I have examined apparying schedules and attatements and herein are trust and corrept. Date	
MATERIA CERTE CONTRACTOR	Print or Type Name of Authorized		
BATTA NA. 884		<i>□</i>	

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