

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
148412	Fourteen Field Street, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental ar	BUYING, SELLING, LEASING REAL ESTATE				
5. State of Formation	1				
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
64 ORCHARD AVENUE			CRANSTON	RI	02920
7. Mailing Address of Limited Lia		and Name or Title			
Contact Name FELICIA IMPERATORE			Contact Title MANAGER		
Street Address 200 EAST 57TH STREET, APT. 7G			City NEW YORK	State NY	^{Zip} 10002
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name EDWARD J. IMPERATORE			Manager Name FELICIA IMPERATORE		
Street Address 64 ORCHARD AVENUE			Street Address 200 EAST 57TH STREET, APT. 7G		
City CRANSTON	State RI	^{Zip} 02920	City NEW YORK	State NY	^{Zip} 10002
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		I	<u></u>	Check the box to in	dicate an attachment
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of rec	ord with the Department of Stat	e. Changes require filing	Form 642.
Under penalty of perjury, I deci statements, and that all statem	are and affirm ents contained	that I have exan I herein are true	nined this report, including and correct.	any accompanying	schedules and
Name of Authorized Person Date j					1
FELICIA IMPERATORE				12/6/16	
Signature of Arthorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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