

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 2012

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. 140421	2. Exact na WATSO	me of the limited liat N REALTY, LL(cility company			
3. State of Formation	4. Brief des	cription of the chara	cter of husiness conducted in Phodo Inl			
RI	to engag	4. Brief description of the character of business conducted in Rhode Island to engage in any lawful activity for which an LLC may be formed under the laws of Rhode Island				
5. Principal office address 1119 Douglas Avenue			City North Providence	State RI	Zip 02904	
	PARTE LABIL					
Contact Name Alan J. Horovitz			Contact Title Member			
Street Address 1119 Douglas Avenue			City North Providence	State RI	Zip 02904	
7. LIST ALL MANAGERS ("X" BEX FOR ATTACH	(NAMES AND ADI	RESSES) OF THE	EIMPED LINK (EIN STORT SEE AP			
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN R	HODE ISLAND			s in the second		
			retary of State. Changes require filing	70		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Check No.

By:

Signature of Authorized Person

Date

Alan J. Horovitz

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012