

## 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 2013

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.		2. Exact name of the limited liability company				
794742	ROCKLA	AND STREET CO	OTTAGES, LLC			
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	REAL ES	STATE				
5. Principal office address 133 OLD TOWER HILL ROAD, STE. 1			City WAKEFIELD	State RI	Zip <b>02879</b>	
6. MAILING ADDRESS OF L	IMITED LIABILI	TY COMPANY AND N	IAME OR TITLE OF CONTACT PERS	SON:	torne for our state of state of the	
Contact Name ANTHONY J. FIORE			Contact Title MANAGER			
Street Address 117 CAMDEN ROAD			City NARRAGANSETT	State RI	Zip <b>02882</b>	
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE L	IMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name ANTHONY J. FIORE			Manager Name			
Street Address 117 CAMDEN ROAD			Street Address			
City NARRAGANSETT	State RI	Zip <b>0282</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND					
This information is currently	y of record in the	e Office of the Secre	tary of State. Changes require filing	g Form 642.		

## **FILED**

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

ANTHONY J. FIORE

Print or Type Name of Authorized Person