



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 SEP 17 AM 8:49

1. Entity ID No. 73328		2. Exact name of the limited liability company Catapult Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Acquire and hold interest in real property			
5. Principal office address 207 Quaker Lane, Suite 300		City West Warwick,	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nicholas E. Cambio			Contact Title Manager		
Street Address 207 Quaker Lane, Suite 300		City West Warwick	State RI	Zip 02893	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Nicholas E. Cambio			Manager Name Vincent A. Cambio		
Street Address 207 Quaker Lane, Suite 300			Street Address 207 Quaker Lane, Suite 300		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Manager Name Melissa A. Faria			Manager Name		
Street Address 207 Quaker Lane, Suite 300			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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FOR SECRETARY OF STATE USE ONLY

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 *Nicholas E. Cambio* Date 9-12-13
Nicholas E. Cambio
 Print or Type Name of Authorized Person