



**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. <b>136755</b>		2. Exact name of the limited liability company <b>Ledor Properties LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5. Principal office address <b>215 Jefferson Boulevard</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Guido R. Salvadore, Esq.</b>			Contact Title <b>Registered Agent</b>		
Street Address <b>10 Weybosset St., Suite 303</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Paul A. Sellon</b>		Manager Name <b>P. W. Bradford Sellon</b>			
Street Address <b>215 Jefferson Boulevard</b>		Street Address <b>215 Jefferson Boulevard</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Manager Name <b>David M. Rooney</b>		Manager Name			
Street Address <b>215 Jefferson Boulevard</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	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.					

**FILED**

SEP 25 2013

By *mnc*  
*CR #9860*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

*Paul A. Sellon* 9-13-13  
 Signature of Authorized Person Date

**Paul A. Sellon, Manager**  
 Print or Type Name of Authorized Person  
DAVID M. ROONEY