

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.

138471	Coventry Falls, LLC						
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real Estate						
5. Principal office address 4 Laurel Avenue	38		City Coventry	State RI	Zip 02816		
	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Paul Boghossian			Contact Title Member				
Street Address 4 Laurel Avenue				State RI	Zip 02816		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBER		
Manager Name				Manager Name			
Street Address	-		Street Address				
Dity	State	Zip	City	State	Zip		
Aanager Name	l .		Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RHOI	i DE ISLAND						
his information is currently	of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.			

File Date			
Check No _			
Ву:			
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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 Paul Boghossian

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012