State of Rhode Island
and Providence Plantations
Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee: $50.00*** • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No. 152388	2. Exact name of the limited liability company CASTILLO PROPERTIES LLC			
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL			

5. Principal office address 32 OAK AVENUE	City HEMPSTEAD	State NY	Zip 11550

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name CHRISTIAN CASTILLO	Contact Title		
Street Address 32 OAK AVENUE	City HEMPSTEAD	State NY	Zip 11550

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT) ☐

Manager Name CHRISTIAN CASTILLO			Manager Name		
Street Address 32 OAK AVENUE			Street Address		
City HEMPSTEAD	State NY	Zip 11550	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 of Form 642 - R.I.G.L. 7-16-11

FILED

'SEP 27 2010

BY _____ 1113

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

■ 152388

File Date _____	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. _____	X _____ 9/22/10
By: _____	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	■ CHRISTIAN CASTILLO
	Print or Type Name of Authorized Person

Form 632 Rev. 08/08