

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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 3D Development, LLC							
834537	3D Development, LLC							
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Real Estate							
5. Principal office address				State	Zip			
498 Broadway			Providence	RI	02908			
	LIMITED LIABILI	LY COMPANY AND	NAME OR THE E OF CONTACT P	ERSON:	Constitution of the contract o			
Contact Name Frank Miele			Contact Title Member					
Street Address 498 Broadway			City Providence	State RI	Zip 02908			
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	APPLICABLE - <u>Bo</u>	NOT LIST MEMBERS			
Manager Name NONE			Manager Name NONE					
Street Address			Street Address					
City	State RI	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RI	HODE ISLAND							
This information is current	lly of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.				

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Ву: _			Pater 425, P		
FOR I	SECRE	TARY (F STA	TE US	E 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 Authorited Person

Frank Miele, Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012