RI SOS Filing Number: 200702293830 Date: 10/01/2007 4:00 PM

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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.	2. Exact name of the limited liability company
158195	RCMM PROPERTIES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ENGAGE IN ANY BUSINESS PERMITTED LIABILITY COMPANIES UNDER THE ACT.

5. Principal office address	City	State	Zip
23 RIMWOOD DRIVE	SMITHFIELD	RI	02917

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

Contact Name	Contact Title
RALPH MANGIARELLI, JR.	

Street Address	City	State	Zip
23 RIMWOOD DRIVE	SMITHFIELD	RI	02917

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

Manager Name	Street Address	City	State	Zip
RALPH MANGIARELLI, JR.	23 RIMWOOD DRIVE	SMITHFIELD	RI	02917

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
ANTHONY W. COFONE, ESQ.	1140 RESERVOIR AVENUE, SUITE 8	CRANSTON	02920

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

[redacted] [redacted]

FILED

File Date OCT 01 2007

Check No. By 288

By: MNC

FOR SECRETARY OF STATE USE ONLY

15008-21-192550

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.

Ralph Mangiarelli 9-21-07

Signature of Authorized Person *Date*

RALPH MANGIARELLI, JR.

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07