RI SOS Filing Number: 201071166840 Date: 10/27/2010 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 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.	2. Exact name of the limited liability company		
155800	Emmanuel Properties, L.L.C.		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	Real Estate Rental		
5. Principal office address	City	State	Zip
24 Lawnacre Drive	Cranston	RI	02920

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

Contact Name	Contact Title		
Mary Mattiace	Manager		
Street Address	City	State	Zip
24 Lawnacre Drive	Cranston	RI	02920

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			Manager Name		
Mary Mattiace			Mario Mattiace		
Street Address			Street Address		
24 Lawnacre Drive			24 Lawnacre Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
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

Mark J. Provost, C.P.A.
33 College Hill Road, Bldg. 25F
Warwick, RI 02886

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

[redacted] 155800 [redacted]

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.

10/05/10
Signature of Authorized Person *Date*

[redacted] MARIO MATTIACE Sec/Treasurer
Print or Type Name of Authorized Person

File Date	10-27-2010
Check No.	174
By:	AMF

FOR SECRETARY OF STATE USE ONLY
54911-2-562686

Form 632 Rev. 08/08