



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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

1. ID No. 150850		2. Exact name of the limited liability company THREE CORNERS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, HOLD, IMPROVE, MANAGE & OPERATE REAL PROPERTY AND ANY AND ALL LAWFUL BUSINESS THERETO			
5. Principal office address C/O Kenneth J. Rampino, 615 Jefferson Blvd.		City Warwick, RI	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Phillip J. McAndrews			Contact Title Managing Member		
Street Address c/o Kenneth J. Rampino, 615 Jefferson Blvd.		City Warwick, RI	State RI	Zip 02886	
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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Phillip J. McAndrews			Manager Name		
Street Address 302 Greenwood Avenue			Street Address		
City Vineyard Haven	State MA	Zip 02568	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Kenneth J. Rampino, Esq.			Address Suite 104		
Address 615 Jefferson Boulevard			City Warwick	Zip 02886	

FILED

DEC 30 2013

By 49-213884

A.A. 3:09 p.m

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

150850

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

12/30/13
Date

Phillip J. McAndrews, Managing Member

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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