

1. Entity ID No.

797024

3. State of Formation

**RHODE ISLAND** 

## 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

**RENTAL PROPERTY** 

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company 179 CONANT REALTY, LLC

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

e. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  CONTACT PERSON:  CONTACT THE CONTACT PERSON:  CONTACT THE CONTACT PERSON:  CONTACT THE CONTACT PERSON:  CONTACT THE CONTACT PERSON:  CONTACT PERSON  CON	5. Principal office address 179 CONANT STREET			City PAWTUCKET	State RI	Zip <b>02860</b>
Contact Name  ROSALIE DAROSA  Street Address T79 CONANT STREET  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)   Manager Name    Manager Name	6. MAILING ADDRESS OF LIMITE	D LIABILI	TY COMPANY AND NAI		F	
179 CONANT STREET	Contact Name			Contact Title		
Manager Name   Street Address				City PAWTUCKET		Zip 02860
Street Address  City State   Zip   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 filling Form 642.  FILED   MAY 1 3 2015    BY	7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADE	PRESSES) OF THE LIM	ITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS
City   State   Zip   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 filling Form 642.  FILED   MAY 1 3 2015    BY	Managar Nama			Manager Name		
Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Street Address  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements forms that if have examined this report, including any accompanying schedules and statements, and that all statements forms to state and correct.  Signature of Authorized Person  Date  ROSALIE DAROSA	<u>[</u> ]			Street Address		
Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  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 Form 642.  FILED  MAY 1 3 2015  By	City	State	Zip	City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.  FILED  MAY 1 3 2015  BY  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying chedules and statements, and that all statements contained herein are true and correct.  Check No  By:  Signature of Authorized Person  Date  ROSALIE DAROSA	Street Address			Street Address		
FILED  MAY 1 3 2015  BY  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying echedules and statements, and that all statements contained ferein are true and correct.  Check No  By:  ROSALIE DAROSA  FILED  MAY 1 3 2015  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying echedules and statements, and that all statements contained ferein are true and correct.  Signature of Authorized Person  Date  ROSALIE DAROSA	City	State	Zip	City	State	Zip
FILED  MAY 1 3 2015  BY	8. RESIDENT AGENT IN RHODE I	SLAND				
MAY 1 3 2015  BY	This information is currently of re	ecord in the	Office of the Secretar	y of State. Changes require fi	ing Form 642.	
this report, including any accompanying echedules and statements, and that all statements contained herein are true and correct.  Check No						
By: O5/06/2015  By: Signature of Authorized Person Date  ROSALIE DAROSA	File Date	*****		this report, including a	ny accompanying	chedules and statements.
FOR SECRETARY OF STATE USE ONLY ROSALIE DAROSA				Josalies	Lation	05/06/2015
FUR SECHEIARY OF STATE USE ONLY	By:	<del></del>				Date
	FOR SECRETARY OF STATE US	E ONLY				

Form No. 632 Revised: 01/2012