

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. 121841		2. Exact name of the limited liability company 3001 Associates LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island Real Estate Rental				
5. Principal office address 98 South Main Street			City Berkley	State MA	Zip 02779	
6. MAILING ADDRESS (OF LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Robert Capuano			Contact Title Owner			
Street Address 98 South Main Street, PO Box 56			City Assonet	State MA	Zip 02702	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADI	DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Robert Capuano			Manager Name Patrice Capuano			
Street Address 98 South Main Street			Street Address 98 South Main Street			
City Berkley	State MA	Zip 02779	City Berkley	State MA	Zip 02779	
Manager Name		<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN						
This information is curre	ently of record in the	e Office of the Secreta	ary of State. Changes require	fillng Form 642.		
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		1155				

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	and that all statements contained herein	are true and correct08/03/2015	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Robert Capuano		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012