

## 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

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.

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

1. Entity ID No.		2. Exact name of the limited liability company SteCom Associates LLC					
115948							
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	Real Est	Real Estate Rental					
5. Principal office address 98 South Main Stre	98 South Main Street		City Berkley	State MA	Zip <b>02779</b>		
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	ME 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 <b>02702</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK		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	et		Street Address 98 South Main S	treet			
City <b>Berkley</b>	State MA	Zip <b>02779</b>	City Berkley	State MA	<sup>Zip</sup> <b>02779</b>		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F	RHODE ISLAND		. L		<u> </u>		
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require	e filing Form 642.			

## FILED AUG 0 5 2015

	BY	<del>− Un</del> der penalty of perjury, I declare and affirm	that I have examined		
File Date	-	this report, including any accompanying schedules and statements and that all/statements contained herein are true and correct.			
Check No	•	Kelvill /	08/03/2015		
Ву:	_	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ON	ıv	Robert Capuano/			
FOR SECRETARY OF STATE USE ON	Li	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012