

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. 000911643	Exact name of the limited liability company Trail, LLC						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
RI	Real Est	Real Estate					
5. Principal office address 700 Narragansett Park Drive		City Pawtucket	State RI	Zip 02861			
6. MAILING ADDRESS OF LI	MITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:			
Contact Name Lianne Marshall			Contact Title Principal				
Street Address 700 Narragansett Park Drive			City Pawtucket	State RI	Zip 02861		
7. LIST ALL MANAGERS (NA		DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	e		Manager Name				
treet Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DE ISLAND			<u> </u>			
This information is accountly	of vecesal in the	a Office of the Con-	etary of State. Changes require	filling Form 640			

FILED

AUG 2 6 2015

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	BYUnder penalty of perjury, I declare and affirm	
File Date	this report, including any accompanying sci and that all statements contained herein are	
Check No	and materials contained never are	8-20-15
By: 12-21- 12-22-22-22-22-22-22-22-22-22-22-22-22-2	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Lianne Marshall	
TOTAL CONTRACTOR OF CONTRACTOR	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012