

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 96306		2. Exact name of the limited liability company Tiverton Renalty Associates, 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, renovate, develop, lease, sell and/or manage real estate	
5. Principal office address 27 Dryden Lane		City Providence	State RI
			Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Salvatore C. Santilli		Contact Title	
Street Address 27 Dryden Lane		City Providence	State RI
			Zip 02904
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"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

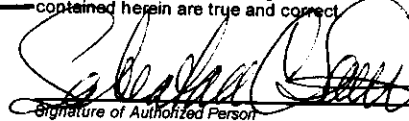
FILED

SEP 8 2015

By

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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.

 9/4/15
Signature of Authorized Person Date

Salvatore C. Santilli
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY