

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. 138095	4	2. Exact name of the limited liability company Kenmare Group, LLC					
3. State of Formation Rhode Island	ī	Brief description of the character of business conducted in Rhode Island Real Estate and Other Investments					
5. Principal office address 940 Quaker Ln - Apt 3119		City East Greenwich	State RI	Zip 02818			
Contact Name John F. Sullivan			Contact Title Member				
Street Address 940 Quaker Ln - Apt 3119			City East Greenwich	State RI	Zip 02818		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACI	(NAMES AND AD IMENT) [DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
. RESIDENT AGENT IN R	HODE ISLAND						
his information is curren	tly of record in the	Office of the Secr	etary of State. Changes require filin	3 Form 642			

Flie Date Check No	FILLD	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.		
By:	SEP 1 0 2015		09/08/2015	
	1110	Signature of Authorized Person	Date / .	
FOR SECRETARY OF STATE USE ONLY	BY_lego	John F. Sullivan	9/8/2015	
		Print or Type Name of Authorized Person	•	

Form No. 632 Revised: 01/2012