

## 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. 122181		2. Exact name of the limited liability company Admar Block Holdings, LLC					
3. State of Formation		Brief description of the character of business conducted in Rhode Island     Real estate holding and rental.					
Principal office address 8A Canal Street		City Westerly	State RI	Zip <b>02891</b>			
	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	·		
Contact Name Merrill K. Moone		Contact Title manager					
Street Address 8A Canal Street			City <b>Westerly</b>	State RI	Zip <b>02891</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Merrill K. Moone			Manager Name				
Street Address 8A Canal Street			Street Address				
City <b>Westerly</b>	State <b>Ri</b>	Zip <b>02891</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	tly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.			
THE INTOTINATION IS CUITED	nuy of record in the	B Unice of the Secret	ary of State. Changes require	filing Form 642.			

File Date		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.		
Check No			09/08/2015	
Ву:		Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	FILED	Merrill K. Moone		
TOTAL OF STATE OOF SALE		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012 SEP 1 0 2015
BY\_\_\_\_\_\_