St	ate of Rhode Island and Pro Office of the Secreta		DNS Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report	bany		
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2015		
1. ID No. <u>000543557</u>			
2. Exact Name of the Limited Liability Company Prescott Point - Unit 1, LLC			
3. State of Formation			
State: <u>RI</u>			
Condominium Sales	Character of the Business Which	Ĵ	
5. Principal Office Addres	S		
	543 THAMES ST		
City or Town: <u>NE</u>	WPORT State: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact F	Person:
Contact Name: CHRISTOPHER BICHO Contact Title:			
No. and Street: <u>543 T</u> City or Town: <u>NEW</u>	<u>HAMES STREET</u> <u>PORT</u> State	: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	lress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
	HODE ISLAND - DO NOT ALTER of Form 642 - R.I.G.L. 7-16-11		
CHRISTOPHER C. BICHO 543 THAMES STREET NEWPORT , RI 02840			
9. This report must be exe	ecuted by an authorized person p	ursuant to R.I.G.L. 7	-16-66 (b).

## Signed this 21 Day of September, 2015 at 10:30:08 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>CHRISTOPHER BICHO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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