



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

Nellie M. Gorbea, 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.<br><b>164330</b>                                 |       | 2. Exact name of the limited liability company<br><b>Bloominghouses Property Management, LLC</b>                                 |      |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>               |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Property management.</b> |      |                    |                     |
| 5. Principal office address<br><b>115 High Meadow Lane</b> |       | City<br><b>Wakefield</b>                                                                                                         |      | State<br><b>RI</b> | Zip<br><b>02879</b> |
| Contact Name<br><b>Greg Gabriel</b>                        |       | Contact Title<br><b>Member</b>                                                                                                   |      |                    |                     |
| Street Address<br><b>115 High Meadow Lane</b>              |       | City<br><b>Wakefield</b>                                                                                                         |      | State<br><b>RI</b> | Zip<br><b>02879</b> |
| Manager Name                                               |       | Manager Name                                                                                                                     |      |                    |                     |
| Street Address                                             |       | Street Address                                                                                                                   |      |                    |                     |
| City                                                       | State | Zip                                                                                                                              | City | State              | Zip                 |
| Manager Name                                               |       | Manager Name                                                                                                                     |      |                    |                     |
| Street Address                                             |       | Street Address                                                                                                                   |      |                    |                     |
| City                                                       | State | Zip                                                                                                                              | City | State              | Zip                 |

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 Orson and Brusini

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

**FILED**

**SEP 21 2015**

BY

**6877**

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.

|                                 |
|---------------------------------|
| File Date                       |
| Check No.                       |
| By                              |
| FOR SECRETARY OF STATE USE ONLY |

Signature of Authorized Person

Date

**Greg Gabriel, Member**

Print or Type Name of Authorized Person