

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. 164330	2. Exact name of the Bloominghou	inact name of the limited liability company Bloominghouses Property Management, LLC				
3. State of Formati Rhode Islan	./	cription of the character management.	of the business which is actually cond	icted in Rhode Island		
5. Principal office address 115 High Meadow Lane			City Wakefield	State RI	Zip 02879	
Contact Name Greg Gabriel			Contact Title Member			
Street Address 115 High Meadow Lane			City Wakefield	State RI	<i>Zip</i> 02879	
Manager Name		ti diga sa dida sa dida gara San santan di dida basa	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	
general de la companya del companya della companya				System (1997)		
is information is o	currently of record in the O	ffice of the Secretary of	State. Changes require filing of Fort	n 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).

SEP 2 1 2015

BY 68	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date Cast No.	Signature of Authorised Person Date
**************************************	Greg Gabriel, Member