



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. 82391		2. Exact name of the limited liability company The Meadows Apartments, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 1580 Wampanoag Trail, #200E		City Barrington		State RI	Zip 02806
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John F. Cuzzone, III		Contact Title Operating Manager			
Street Address 1580 Wampanoag Trail, #200E		City Barrington		State RI	Zip 02806
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name John F. Cuzzone, III		Manager Name Christopher E. Cuzzone			
Street Address 12 Pine Cone Dr.		Street Address 25 Knapton St.			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 21 2015

BY 1016

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

John F. Cuzzone, III

Print or Type Name of Authorized Person