

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.		2. Exact name of the limited liability company				
150944	Salina N	H, LLC				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
Rhode Island	-	Acquire entity and/or various property interests, conduct all activities related, necessary or incidental thereto.				
5. Principal office address 5 Cathedral Square			City Providence	State Ri	Zip 02903	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name Robert R. Gaudreau, Sr.			Contact Title			
Street Address 5 Cathedral Square			City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	FAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Robert R. Gaudreau, Sr.			Manager Name			
Street Address 5 Cathedral Square			Street Address			
City Providence	State RI	Zip 02903	City	State	Zíp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	I				
This information is curren	itly of record in the	Office of the Secret	ary of State. Changes require t	iling Form 642.		

FILED
SEP 3 0 2015

File Date	
Check No	
Ву:	
FOR SEC	RETARY 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 coptained herein are true and correct.

Signature of Authorized Person

Date

Robert R. Gaudreau, Sr.

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012