

## 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. 904066	2. Exact n. RICM Ir	2. Exact name of the limited liability company RICM Investments, LLC					
3. State of Formation  Rhode Island	4. Brief de Real Es	Brief description of the character of business conducted in Rhode Island     Real Estate					
5. Principal office address 1140 Reservoir Avenue 5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			City Cranston	State RI	Zip <b>02920</b>		
6. MAILING ADDRESS	OF LIMITED LIABIL	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Elizabeth A. Procaccianti		Contact Title					
Street Address 1140 Reservoir Avenue			City Cranston	State RI	Zip <b>02920</b>		
7. LIST <u>ALL</u> MANAGER "X" BOX FOR ATTAC	S (NAMES AND AD)	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
lanager Name			Manager Name				
Street Address			Street Address				
ity	State	Zip	City	State	Zip		
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RESIDENT AGENT IN			etary of State. Changes require		<del></del>		

	FILED	/ Under Allertan	,
File Date	TILLU	Under negative of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements,	
Check No	SEP 3 0 2015	and that all statements confained herein are true and correct.	/
By: DV	282	Signature of Authorized Person Date	j
FOR SECRETARY OF STATE USE ONLY		Elizabeth A. Procaccianti	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012