

## 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. <b>799151</b>		2. Exact name of the limited liability company TPG Brokerage, LLC				
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Residential				
5. Principal office address 1140 Reservoir Avenue			City Cranston	State RI	Zip <b>02920</b>	
6. MAILING ADDRESS O Contact Name James Procacciant		TY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title	PERSON:		
Street Address 1140 Reservoir Avenue			City Cranston	State RI	Zip <b>02920</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
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	
B. RESIDENT AGENT IN F						
This information is curre	ntly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.		

	Under penalty/dyperjury, I declare and affi	irm that I have everying a
File Date	this report, including any/accompanying s	schedules and statements.
	and that all statements contained herein a	re true and correct.
Check No	(M W)	9-28-15
Ву:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	James Procaccianti	
	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012

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