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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
796690	**The Pointe At East Matunick, LLC**
3. State of Formation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **The limited liability company has the purpose of engaging in any lawful business permitted a limited liability company in the State of Rhode Island**

5. Principal office address	City	State	Zip
27 Sakonnet Point Road	**Little Compton**	**RI**	**02837**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Elizabeth A. Procaccianti	**Manager**		
Street Address	City	State	Zip
1140 Reservoir Avenue	**Cranston**	**RI**	**02920**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Elizabeth A. Procaccianti	**1140 Reservoir Avenue**	**Cranston**	**RI**	**02920**
James Procaccianti	**1140 Reservoir Avenue**	**Cranston**	**RI**	**02920**

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 30 2015
BY 221

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: 9-28-15

Elizabeth A. Procaccianti
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
125965-28-1069908