

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

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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. 798996		ne of the limited liabi w Apartments, I				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island real estate investment				
Rhode Island	real estat					
5. Principal office address 567 South County Trail, Suite 111			City Exeter	State RI	Zip 02822	
Contact Name	FEMILED LIASILIT	Y COMPANY AND	Contact Title	тервой:		
Robert Marcello			Member			
Street Address 567 South County Trail, Suite 111			City Exeter	State RI	Zip 02822	
7. EIST AVELAANAGER	S (NAMES AND AD) HMEND	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y 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	
PRESIDENT AGENTAIN	RHODE ISLAND					
This information is curr	ently of record in th	e Office of the Sec	retary of State. Changes requ	ire filing Form 642.		

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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.

09/28/2015

Signature of Authorized Person

Date

Robert Marcello

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012