

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. 127533	2 AMERIC	ne of the limited list OS PROPERTI	pility company E S, LLC			
3. State of Formation	4. Brief des REAL ES	cription of the chara STATE OWNER	cter of business conducted in Rhod SHIP, MANAGEMENT & DR	e Island EVELOPMENT		
5. Principal office address 968 PLAINFIELD STREET			City JOHNSTON	State RI	Zip 02919	
The state of the s	OF LIMITED LIXBILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name JOHN PETRARCA			Contact Title MEMBER			
Street Address 968 PLAINFIELD STREET			City JOHNSTON	State RI	Zip 02919	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADI CHMENT)	(RESSES) 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	
8. RESIDENT AGENT IN	TRIODEIS AND					
This information is cur	rently of record in th	e Office of the Seci	retary of State. Changes require f	iling Form 642.	* · · · · · · · · · · · · · · · · · · ·	

FILED SEP 3 0 2015

BY 865

	File Date
	By:
-	
	FOR SECRETARY OF STATE USE ONLY
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JOHN PETRARCA - MEMBER
Print or Type Name of Authorized Person

Signature of Authorized Person

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.

Form No. 632 Revised: 01/2012