

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.	2. Exact na	2. Exact name of the limited liability company 262 THAMES ST. REALTY LLC					
135566	202 1112	WILS ST. REAL	.17 CLO				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Acquire	Acquire and invest in such interests in real property					
5. Principal office address 4 Samantha Lane			City	State	Zip		
			Rehoboth	MA	02769		
6. MAILING ADDRESS OF Contact Name	EMILETUASIE	IY COMPANY AND	NAME OR TITLE OF CONTACT:	PERSON:			
Richard H. Backman			Contact ride				
Street Address		·	City	State	Zip		
4 Samantha Lane			Rehoboth	MA	02769		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name	MENET Make the same of the	The state of the s	Manager Name		The state of the s		
			Thanagor Harrio				
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 R							
This information is curren	tly of record in the	e Office of the Seci	retary of State. Changes require	filing Form 642.			

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SEP 3 3 2015

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File Date 🛷 💮 💮	
Check No	
FOR SECRETARY OF STATE USE ONLY	

Form No. 632 Revised: 01/2012

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

Signature of Admonized Person

Richard H. Backman

Print or Type Name of Authorized Person