

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. 116967		Exact name of the limited liability company AJM Realty, LLC				
3. State of Formation	l l	Brief description of the character of business conducted in Rhode Island Realty holding company				
Rhode Island	1.104.10	gp,				
5. Principal office address 115 Ricard Street - PO Box 1109 397 Cass Avenue			City Woonsocket	State RI	Zip 02895	
***************************************	F LIMITED LIABILIT	Y COMPANY AND N	AMELORATITIES OF CONTACTED	ERSON:		
Contact Name David J. Glashow			Contact Title Manager	Contact Title Manager		
Street Address 115 Ricard Street - PO Box 1109 397 COSS AVENUE			City Woonsocket	State RI	Zip 02895	
7, LIST <u>all</u> Managers ("X" box for attac		RESSES) OF THE LI	MITED LIABILITY COMPANY, IP	APPLICABLE - <u>DO</u>	NOTE IST MEMBER	
Manager Name David J. Glashow			Manager Name	Manager Name		
Street Address 115 Ricard Street -	PO Box 1109	397 Cass Aven	Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND					
This information is curre	ently of record in the	Office of the Secret	ary of State. Changes require f	iling Form 642.		

FILED

SEP 30 2015 し入分

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	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements
	and that all statements contained legeth are true and correct,
Check No	1/1/1/19/15
	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	David J. Glashow
EFOR SECRETARIZO ESTATE USE ON 16 E	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012