

## 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.

Rhode Island  5. Principal office address 118 Anchor Drive 6. MAILING ADDRESS OF UMITED LIABILITY Contact Name						
Rhode Island  5. Principal office address 118 Anchor Drive  6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name	tion of the characte					
5. Principal office address 118 Anchor Drive 6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name	and of the chalacte	Brief description of the character of business conducted in Rhode Island				
118 Anchor Drive  6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name	To own and manage real estate					
			State MA	Zip <b>02726</b>		
Contact Name Geraldine Whitney	COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:			
Contact Name Geraldine Whitney		Contact Title Manager				
Street Address 118 Anchor Ave.		City Somerset	State MA	Zip <b>02726</b>		
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRE ("X" BOX FOR ATTACHMENT)	SSES) OF THE LI	MITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name Geraldine Whitney		Manager Name				
Street Address 118 Anchor Drive		Street Address				
City State MA	Zip <b>02726</b>	City	State	Zip		
Manager Name		Manager Name				
Street Address		Street Address				
City State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RHODE (SLAND						
This information is currently of record in the O						

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By 257512

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File Date			
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By:		şarılırı, şarmalırı	A Vinder Services
FOR SEC	CRETARY OF	STATE U	SE 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 berein are true and correct.

and that all statements contained littleff	ale due alla collect.
Sand Met Mais	09/30/2015
Signature of Authorized Person	Date

Sandra Matrone Mack

Print or Type Name of Authorized Person