

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.

1. Entity ID No. 84809		2. Exact name of the limited liability company Allen's Park, LLC					
3. State of Formation	I	Brief description of the character of business conducted in Rhode Island Real estate					
5. Principal office address 17 Virginia Avenue, Suite 100			City Providence	State RI	Zip 02905		
Contact Name James R. Winoker			Contact Title Member				
Street Address 17 Virginia Avenue			City Providence	State RI	Zip 02905		
	(AVMERAND ADM		ALIEN CANEEL CONTRACT	APPLESANE - NO			
Manager Name James R. Winoker			Manager Name David M. Winoker				
Street Address 17 Virginia Avenue, Suite 100			Street Address 17 Virginia Avenue, Suite 100				
City Providence	State RI	Zip 02905	City Providence	State RI	^{Zip} 02905		
Manager Name Marilyn H. Winoker			Manager Name Steven E. Winoker				
Street Address 17 Virginia Avenue, Suite 100			Street Address 17 Virginia Avenue, Suite 100				
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905		
a. RESIDENT AGENT IN	RHODE ISLAND		A Company of the Comp				
This information is curre	ently of record in the	e Office of the Secret	ary of State. Changes require f	iling Form 642.			

OCT **01** 2015

A.A

File Date	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.		
Check No	Di912	09/29/2015	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	David M. Winoker		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012