



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>144366</b>		2. Exact name of the limited liability company <b>35 Corliss Street, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Commercial real estate</b>			
5. Principal office address <b>35 Corliss Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02904</b>
Contact Name <b>George R. Champagne</b>		Contact Title <b>Member</b>			
Street Address <b>35 Corliss Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02904</b>
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

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11

**FILED**

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

OCT 01 2015

BY

*1214*

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.

*G. R. Champagne*  
Signature of Authorized Person

*9/14/15*  
Date

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**George R. Champagne, Member**

Print or Type Name of Authorized Person