

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.	t .	2. Exact name of the limited liability company A.F. HOMES, LLC					
106452		·					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	HOME B	HOME BUILDING					
5. Principal office address 22 KENT PLACE			City CRANSTON	State RI	Zip 02905		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND NA	ME OR TITLE OF CONTACT P	ERŞON:			
Contact Name ARMAND FERLAND			Contact Title				
Street Address 22 KENT PLACE			CRANSTON	State RI	Zip 02905		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name ARMAND F. FERLAND			Manager Name				
Street Address 22 KENT PLACE			Street Address	· · · · · · · · · · · · · · · · · · ·			
City CRANSTON	State RI	Zip 02905	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 th	e Office of the Secret	ary of State. Changes require f	iling Form 642.			

FILED OCT 0 7 2015

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File Date	
Ву:	
FOR SECRETARY OF ST	TATE LISE ONLY

Inder penalty of perjury, I declare and affirm that I have examin- his report, including any accompanying schedules and stateme and that all statements cortained herein are the and correct.	eđ
his report, including any accompanying schedules and stateme	ents
and that all statements contained herein are true and correct.	

Signature of Authorized Person

Date

ARMAND F. FERLAND

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012