

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.  | 2. Exact nam     | 2. Exact name of the limited liability company   |                               |                       |                     |  |
|---|------------------|--|-------------------------------|-----------------------|---------------------|--|
| 105424  |                  | ETYM Properties, LLC   |                               |                       |                     |  |
| 3. State of Formation                                   |                  | Brief description of the character of business conducted in Rhode Island     Real Estate |                               |                       |                     |  |
| RI  | iteai Este       |  |                               |                       |                     |  |
| 5. Principal office address 360 Narragansett Park Drive |                  |  | City<br>East Providence       | State<br><b>RI</b>    | Zip<br><b>02916</b> |  |
| 6. MAILING ADDRESS OF                                   | LIMITED LIABILIT | Y COMPANY AND NA   | ME OR TITLE OF CONTACT PER    | SON:                  |                     |  |
| Contact Name<br>Peter Wallick                           |                  |  | Contact Title Manager         |                       |                     |  |
| Street Address 360 Narragansett Park Drive              |                  |  | City<br>East Providence       | State<br><b>Ri</b>    | Zip<br><b>02916</b> |  |
| 7. LIST <u>ALL</u> MANAGERS (<br>"X" BOX FOR ATTACH     | NAMES AND ADD    | RESSES) OF THE LI  | MITED LIABILITY COMPANY, IF A | PPLICABLE - <u>DO</u> | NOT LIST MEMBERS    |  |
| Manager Name Peter Wallick                              |                  |  | Manager Name                  |                       |                     |  |
| Street Address 360 Narragansett Pa                      | rk Drive         | <u>.                                      </u>   | Street Address                |                       |                     |  |
| City East Providence                                    | State<br>RI      | Zip<br><b>02916</b>  | City                          | State                 | Zip                 |  |
| Manager Name  |                  |  | Manager Name                  |                       |                     |  |
| manager name  |                  |  |                               |                       |                     |  |
|   |                  | ·  | Street Address                |                       |                     |  |
| Street Address  | State            | Zip  | Street Address City           | State                 | Zip                 |  |
| Street Address  City  8 RESIDENT AGENT IN R             | HODE ISLAND      |  |                               |                       | Zip                 |  |

| File Date  Check No             | FILED<br>OCT 0 7 2015<br>OU 2012 | Under penalty of perjury ideclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Authorized Person  Date |
|---------------------------------|----------------------------------|--|
| FOR SECRETARY OF STATE USE ONLY |                                  | Print or Type Name of Authorized Person  |

Form No. 632 Revised: 01/2012