

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.		2. Exact name of the limited liability company Sebastian Cole, LLC				
767361	Cobastil	0010, EE0				
3. State of Formation		Brief description of the character of business conducted in Rhode Island publish works through print and other media				
RI	publish					
5. Principal office address c/o Cameron & Mittleman LLP, 301 Promenade St.			City Providence	State RI	Zip 02908	
6. MAILING ADDRESS O	FLIMITED LIABILI	TY COMPANY AND NAM	E OR TITLE OF CONTACT P	ERSON:		
Contact Name Bradley Chase			Contact Title			
Street Address 40 Seaview Avenue			City Cranston	State RI	Zip 02905	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI		DRESSES) OF THE LIMIT	ED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBER:	
Manager Name Street Address			Manager Name Street Address			
						City
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	HODE ISLAND					
No. of the last of	the state of the s		of State. Changes require			

FILED

OCT 0 7 2015 BY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statem

Signature of Authorized

Bradley Chase

Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

File Date

Check No

By: __