



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. 790021		2. Exact name of the limited liability company 83 Earl Street, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island develop/sell/buy/lease residential and/or commercial real estate			
5. Principal office address 507 Namquid Drive		City Warwick		State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven L. Caldwell		Contact Title Manager			
Street Address 507 Namquid Drive		City Warwick		State RI	Zip 02888
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Steven L. Caldwell		Manager Name Jeffrey D. Caldwell			
Street Address 507 Namquid Drive		Street Address 882 Oakfield Avenue			
City Warwick	State RI	Zip 02888	City Wantagh	State NY	Zip 11793
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 07 2015

BY **10480**

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Steven L. Caldwell

Print or Type Name of Authorized Person