

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.	2. Exact name of the limited liability company					
157971	57971 Lakeshure Realty LLC ate of Formation 4. Brief description of the character of business conducted in Rhode Island					
State of Formation 4. Brief description of the character of bus			usiness conducted in Rhode Islan	đ		
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island Rec Estate Holdings 5. Principal office address 85 Hawthorne Aw. City WARWICK State 2 Ip 0 2586						
5. Principal office address 85 Hawthorne Aus.			City WARWICK	State RI	2ip 02886	
Contact Name			Contact Title			
Jonathan S. Pratt			MANAGEK. City State Zip WAKWICK RT OZEF6			
1=: :			City	State	Zip	
Street Address 85 Hawthorne	Ave.		WARWICK	RI	02586	
PLIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (PYCHOX FOR ATTACHMENT)						
Manager Name Towother S. Prett Street Address St Howthorne Aro. City State Zip WARwick RI 02886			Manager Name			
Street Address			Street Address			
85 Howthorne	Avo.					
City	State	Zip	City	State	Zip	
WARWIELL	RI	02886				
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
TO HEAD TO THE HEAD OF	JELAND.			*	Mark and the second second second	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

FILED

	AND THE RESIDENCE OF THE PARTY
the contract of the second second	Parties to the second of the s
	Car of Charles (Charles of the Carles of the
Anna Adolfor all managements	
A SECURITION OF THE CO.	
	The state of the s
	ACCURATE A PART OF THE PART OF
· 医维克斯氏征 医克里氏 医克里氏 医克里氏	PERSONAL CHARACTERS
	THE RESERVE OF THE PARTY OF THE
A PROPERTY OF THE PARTY OF THE	

OCT 0 8 2015

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

Jonathan . S. Prett

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012