

## 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. <b>524242</b>                      |                    | 2. Exact name of the limited liability company Amaral Properties RI, LLC |                                  |                          |                  |  |  |
|---|--------------------|--|----------------------------------|--------------------------|------------------|--|--|
| 3. State of Formation                               | 4. Brief des       | Brief description of the character of business conducted in Rhode Island |                                  |                          |                  |  |  |
| Rhode Island  | Own and            | Own and operate business investment property                             |                                  |                          |                  |  |  |
| 5. Principal office address 203 North Anguilla Road |                    |  | City<br>Pawcatuck                | State<br>CT              | Zip<br>06379     |  |  |
| 6. MAILING ADDRESS OF                               | F LIMITED LIABILIT | TY COMPANY AND   | NAME OR TITLE OF CONTACT F       | PERSON:                  |                  |  |  |
| Contact Name<br>Paul J. Amaral                      |                    |  | Contact Title<br>Member          | Contact Title            |                  |  |  |
| Street Address<br>203 North Anguilla Road           |                    |  | City<br>Pawtucket                | State<br>CT              | Zip<br>06379     |  |  |
| 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTACK  | (NAMES AND ADD     | DRESSES) OF THE  | LIMITED LIABILITY COMPANY, I     | F APPLICABLE - <u>Do</u> | NOT LIST MEMBERS |  |  |
| Manager Name  |                    |  | Manager Name                     | Manager Name             |                  |  |  |
| Street Address                                      |                    |  | Street Address                   | Street Address           |                  |  |  |
| City  | State              | Zip  | City                             | State                    | Zip              |  |  |
| Manager Name  | 1                  | <u>_</u>   | Manager Name                     |                          |                  |  |  |
| Street Address                                      |                    |  | Street Address                   | Street Address           |                  |  |  |
| City  | State              | Zip  | City                             | State                    | Zip              |  |  |
| 8. RESIDENT AGENT IN I                              | HODE ISLAND        | <u> </u>   |                                  |                          | <u> </u>         |  |  |
|   |                    | e Office of the Secu   | retary of State. Changes require | filing Form 642.         |                  |  |  |
| Tina unormation la curre                            | , 0: 1000.0        |  |                                  |                          |                  |  |  |

FILED

OCT 0 8 2015

| BYO\O                           | 181   |   |  |  |
|---------------------------------|---|---|--|--|
| File Date                       | this report, including any accompanying sch | 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. |  |  |
| Check No                        | Saul ( john!                                | 9-28-15   |  |  |
| Bv:                             | Signature of Authorized Person              | Date  |  |  |
|                                 | Paul J. Amaral                              |   |  |  |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person     |   |  |  |

Form No. 632 Revised: 01/2012