

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.		me of the limited liab					
127224	Rosario	's Properties, L	LC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Property Holding Company					
RI	Property						
5. Principal office address 40 Carriage Ln			City Kingston	State RI	Zip 02881		
	F LIMITED LIABIL!	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Ina Sciabarrasi		Contact Title Owner					
Street Address 40 Carriage Ln		City Kingston	State RI	Zip 02881			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT) [ORESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN I	BHODE ICLAND			<u></u>	<u></u>		
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File Date	this report, including any accompanying so and that all statements contained berein are			
Check No BY	fra funtan			
By:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY	Ina Sciabarrasi	Ina Sciabarrasi		
TOR SCORE INTER OF STATE USE ONLY	Print or Type Name of Authorized Person	Print or Type Name of Authorized Person		

Form No. 632

Revised: 01/2012