

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.

| Entity ID No. | | 2. Exact name of the limited liability company | | | | | | | | |
|--|-----------------------|--|----------------------------------|------------------|---------------------|--|--|--|--|--|
| 145109 | 121 Phe | 121 Phenix Avenue Realty, LLC | | | | | | | | |
| 3. State of Formation | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | | | | |
| Rhode Island | | Real Estate | | | | | | | | |
| 5. Principal office address 121 Phenix Avenue | | | City Cranston | State RI | Zip 02920 | | | | | |
| 6. MAILING ADDRESS OF | FLIMITED LIABILE | TY COMPANY AND | NAME OR TITLE OF CONTACT | PERSON: | | | | | | |
| Contact Name Joseph A. Sciacca, Esquire | | | Contact Title | | | | | | | |
| Street Address 121 Phenix Avenue | 1 | | City Cranston | State RI | Zip 02920 | | | | | |
| 7: LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD | RESSES) OF THE | LIMITED LIABILITY COMPANY, | FAPPLICABLE - DO | NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | | | | | | |
| Street Address | | | Street Address | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | |
| Manager Name | | | Manager Name | | | | | | | |
| Street Address | | | Street Address | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | |
| 8 RESIDENT AGENT IN F | HODE ISLAND | | | | | | | | | |
| This information is currer | ntly of record in the | Office of the Secr | retary of State. Changes require | filing Form 642. | | | | | | |

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| (54) | 43990 | | | | | | are period |

Form No. 632 Revised: 01/2012 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

/C/.\// Date

Joseph A. Sciacca, Esquire

Print or/Type Name of Authorized Person