

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. 85994	2. Exact nar Rockpor	2. Exact name of the limited liability company Rockport Homes LLC				
3. State of Formation	l l	Brief description of the character of business conducted in Rhode Island Own and Manage Real Estate				
5, Principal office address 612 Eimgrove Ave			City Providence	State RI	Zip 02906	
A LALLE (A STORES A VI	LINGTERS (ELVERY)	(COMPANY ARE)	NAME OF THE OF CONTACT P	ERBON:		
Contact Name Michael B. Shore			Contact Title Member			
Street Address 612 Elmgrove Ave			City Providence	State RI	Zip 02906	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	APPLICABLE - DO	NOT ASTMEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN P	the free transfer of the first transfer of the first					
This information is currer	itly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.		
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	and the contract of the contra	ş.			firm that I have examined schedules and statements,	
File Date Chack No 32/2		· •	and that all statemen	se contained herein	are true and correct. 09/23/2015	
By:			Signature of Authorize	d Person	Date	
FOR SECRETARY OF STATE USE ONLY			Michael B. Shore	Michael B. Shore		
FUNDEUNGIANT UP D	INTERNATION OF THE PROPERTY OF		D.1.4 T. M 4	4 41 1.5		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012