

## 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.

		of the limited liab Pool, LLC	ility company		
DI	4. Brief description of the character of business conducted in Rhode Island acquiring, owning, developing, leasing, selling & otherwise dealing in and with real and personal property				
5. Principal office address 127 Kearney Street			City Cranston	State RI	Zip <b>02920</b>
5. MAILING ADDRESS OF LIMITE	D LIABILITY	COMPANY AND		PERSON:	
Contact Name Lois A. DiBiasio			Contact Title		
Street Address 127 Kearney Street			City Cranston	State RI	Zip <b>02920</b>
LIST ALL MANAGERS (NAME	S AND ADDE	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT)  Manager Name			Manager Name		
Street Address			Street Address		
City	State	7in	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. RESIDENT AGENT IN RHODE	ISLAND				23 00
This information is currently of r	ecord in the	Office of the Sec	retary of State. Changes require	filing Form 642.	
FILE	D				RECEIVED RETARY OF S REPORATIONS OCT -8 PM
OCT 0 8 2015					e or the state of
BY Ch 25	1812	3			
File Date			this report, including	erjury, I declare and af ag any accompanying ents contained herein	firm that I have examined schedules and statement are true and correct.
Check No			Disch	ell Bea	200 4-28-1
Ву:			Signature of Authoriz		Date
FOR SECRETARY OF STATE USE ONLY			Lois A. DiBiasio		

Form No. 632 Revised: 01/2012