



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 139522		2. Exact name of the limited liability company SCHOFIELD IMAGING ASSOCIATES, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ELECTRONIC IMAGING RESEARCH, DESIGN AND CONSULTING			
5. Principal office address 9 ATLANTIC AVENUE		City NARRAGANSETT	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HAROLD D. SCHOFIELD		Contact Title MANAGER			
Street Address 9 ATLANTIC AVENUE		City NARRAGANSETT	State RI	Zip 02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name HAROLD D. SCHOFIELD		Manager Name			
Street Address 9 ATLANTIC AVENUE		Street Address			
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DENNIS R. GANNON		Address 11 OLD PHENIX AVENUE			
Address		City CRANSTON		Zip 02921	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

139522 **FILED**
OCT 09 2015

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 Date 9/8/15

Harold D. Schofield

Print or Type Name of Authorized Person

BY <u>1290</u>
File Date _____
Check No. _____
By: _____
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