

FOR SECRETARY OF STATE USE ONLY

## 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.

(R.I.G.L. 7-16-66 (b&c))	is subject	to a penalty fee of \$25.00	<i>)</i> .						
1. JD No.	2. Exact	act name of the limited liability company							
145312	BIOTE	ECH EQUITY VENTURE, LLC							
3. State of Formation  4. Brief description of the character of the business who OWNING, DEVELOPING AND LEASING REA				ich is actually conducted in Rhode Island LESTATE					
5. Principal office address 6 BLACKSTONE \		/ PLACE, SUITE #	206	City LINCOLN	State RI		<i>z</i> ф 02865		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name HENRY J. KEIGWIN				Contact Tile					
Street Address				Clty	State		Zip		
6 BLACKSTONE VALLEY PLACE, SUITE #206				LINCOLN	RI		02865		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABI FILL IN SPACES BEFORE USING ATT Manager Name HENRY J. KEIGWIN				ILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name					
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE #206				Sireet Address					
City LINCOLN		State RI	<sup>Zip</sup> 02865	City	State		Zip		
Manager Name				Manager Name					
Street Address				Street Address					
City		State	Zip	City	State		Ζίρ		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name JOSEPH F. WHINERY, JR.				require filing of Form 642 - R.I.G.L., 7-16-11  Address  CAMERON & MITTLEMAN LLP					
Address				City Zip		Zip	W.:		
301 PROMENADE STREET				PROVIDENCE	OVIDENCE 029		2908		

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

## FILED

	145312	OCT 9 9 2015	
		SH8010.	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.
File Date			Contained herein are true and correct.
Check No.			Signature of Authorized Person Date
Ву	<u> </u>	.	Henry J. Keigwin

Print or Type Name of Authorized Person