

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.	2. Exact name of the limited liability company BusCon Associates, LLC						
152926							
3. State of Formation	1	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Minority Communications						
5. Principal office address 1200 Charles Street			City North Providence	State RI	Zip 02904		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR THILE OF CONTACT PER	ON:			
Contact Name Peter C. Wells			Contact Title Member				
Street Address 1200 Charles Street			City North Providence	State RI	Zip 02904		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name NONE			Manager Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name NONE	. <u>1</u>		Manager Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND				erri kan kan sarah dari da kan da		
This information is curren	itly of record in the	e Office of the Secr	retary of State. Changes require filing	Form 642.			

FILED

OCT **09** 2015 By <u>268</u> 228 A A

File Date			
Check N	o <u> </u>		
Ву:			incipolitari de
FOR SE	CHETARY	OF STATE	USE ONLY

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.

P. FA 11/1/ 10/3

Signature of Authorized Person

Date

Peter C. Wells, Member

Print or Type Name of Authorized Person