



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2015

1. ID No. 000508948

2. Exact Name of the Limited Liability Company PLS Cooneymus LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Real estate

5. Principal Office Address

No. and Street: 1130 COONEYMUS ROAD

City or Town: NEW SHOREHAM

State: RI

Zip: 02807

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 25 HIGHVIEW ROAD

City or Town: MADISON

State: CT

Zip: 06443

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	LINDA J. JOKL	25 HIGHVIEW ROAD MADISON, CT 06443 USA
MANAGER	PETER JOKL	25 HIGHVIEW ROAD MADISON, CT 06443 USA
MANAGER	SUZANNE DALBERO	28 WOODHOUSE AVENUE NORTHFORD, CT 06472 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER JOKL 1130 COONEYMUS ROAD P.O. BOX 366 BLOCK ISLAND , RI 02807

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

Signed this 14 Day of October, 2015 at 11:23:31 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PETER JOKL
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved