

## 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. 143891	2. Exact name of the limited liability company  Centreville Mill II, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island     Invest in Real Estate					
5. Principal office address PO Box 69			City West Warwick	State RI	Zip <b>02893</b>	
6. MAILING ADDRESS OF Contact Name Peter Rosiello	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE Contact Title Member	RSON		
Street Address PO Box 69				State RI	Zip <b>02893</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Peter Rosiello			Manager Name			
Street Address PO Box 69			Street Address			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R			ary of State. Changes require fili			

## **FILED**

OCT 15 2015

BY ()10531

File Date Check No	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.		
By:	Signature of Authorized Person	(0  6 (5	
FOR SECRETARY OF STATE USE ONLY	Peter Rosiello		
TOTAL DISTRICTION OF THE COLUMN	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012