

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 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.

3. State of Formation RI  5. Principal office address 2 Daniels Way	rchase, sale and n	aracter of business conducted in Rhonanagement of real estate.  City Cranston  ND NAME OR TITLE OF CONTACT Contact Title Member	State <b>RI</b>	Zip <b>02921</b>	
RI  5. Principal office address 2 Daniels Way  6. MAILING ADDRESS OF LIMITED L Contact Name Leon M. Hill	rchase, sale and n	City Cranston  ND NAME OR TITLE OF CONTACT Contact Title Member	State <b>RI</b>	Zip <b>02921</b>	
5. Principal office address 2 Daniels Way 6. MAILING ADDRESS OF LIMITED L Contact Name Leon M. Hill		City Cranston  ND NAME OR TITLE OF CONTACT Contact Title Member	RI	Z p <b>02921</b>	
2 Daniels Way 6. MAILING ADDRESS OF LIMITED L Contact Name Leon M. Hill	IABILITY COMPANY A	Cranston  ND NAME OR TITLE OF CONTACT  Contact Title  Member	RI	Zip 02921	
Leon M. Hill	IABILITY COMPANY A	Contact Title  Member	PERSON:		
Leon M. Hill		Member			
Street Address					
reet Address Daniels Way		City Cranston	State <b>RI</b>	Zip <b>02921</b>	
7. LIST <u>ALL</u> MANAGERS (NAMES AI ("X" BOX FOR ATTACHMENT)	ND ADDRESSES) OF T	HE LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name		Manager Name	Manager Name		
Street Address		Street Address	Street Address		
City State	z Zip	City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address	Street Address		
City State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLA					
This information is currently of recor	d in the Office of the S	Secretary of State. Changes require	filing Form 642.		

FILED

OCT 15 2015

BY 1075

File Date	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 frue and correct.		
Check No	Xum M. Mul	10/07/2015	
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Leon M. Hill		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012