



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

**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.

1. ID No. <b>160519</b>		2. Exact name of the limited liability company <b>FREEMAN FAMILY LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE INVESTING</b>	
5. Principal office address <b>10 COURAGEOUS CIRCLE</b>		City <b>BRISTOL</b>	State <b>RI</b>
		Zip <b>02809-1007</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>ROBERT P. FREEMAN</b>		Contact Title	
Street Address <b>10 COURAGEOUS CIRCLE</b>		City <b>BRISTOL</b>	State <b>RI</b>
		Zip <b>02809-1007</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>ROBERT P. FREEMAN</b>		Manager Name	
Street Address <b>10 COURAGEOUS CIRCLE</b>		Street Address	
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-1007</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>JOSEPH F. WHINERY, JR., ESQ.</b>		Address <b>CAMERON &amp; MITTLEMAN LLP</b>	
Address <b>301 PROMENADE STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02908</b>

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

**FILED**

**160519**

**OCT 15 2015**

BY

**5259**

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 \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

**Robert P. Freeman**

Print or Type Name of Authorized Person