

## 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.

## FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)    Manager Name	(K.1.O.L. 7-10-00 (D&C)) i	s subject	to a penatty jee oj \$25.00	<b>,</b>					
A. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTING  S. Principal office address 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTING  City 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name ROBERT P. FREEMAN  City 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Manager Name  Street Address 6. City 6. State 7.4p 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  City 8. Street Address 6. City 8. State 8. Street Address 9. State 9. City 9. State 9. Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 8. Address 9. CAMERON & MITTLEMAN LLP 9. Address 9. Cameron & MITTLEMAN LLP 9. City 9		2. Exact	name of the limited liabili				·		
RHODE ISLAND    REAL ESTATE INVESTING	160519	FREEMAN FAMILY LLC							
City   State   Zip   O2809-1007									
10 COURAGEOUS CIRCLE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Cont	RHODE ISLAND		REAL ESTATE INVES	STING					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  CONTACT PERSON.  CONTA					City	State		1 -	
Contact Name  ROBERT P. FREEMAN  Street Address  1D COURAGEOUS CIRCLE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Manager Name  ROBERT P. FREEMAN  Street Address  1D COURAGEOUS CIRCLE  City  State  Tup  O2809 - 1007  City  State  Tup  Manager Name  Manager Name  Manager Name  Street Address  City  State  Tup  Address  Commendates  Commen	10 COURAGEOUS CIRCLE				BRISTOL	RI		02809-1007	
ROBERT P. FREEMAN  Street Address  10 COURAGEOUS CIRCLE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X* BOX FOR ATTACHMENT)   Manager Name  ROBERT P. FREEMAN  Street Address  10 COURAGEOUS CIRCLE  City  State  Street Address  10 City  State  Street Address  Street Address  Street Address  Street Address  Street Address  City  State  Tup  State  Tup  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  JOSEPH F. WHINERY, JR., ESQ.  Address  CAMERON & MITTLEMAN LLP  Address  CAMERON & MITTLEMAN LLP  Address	•								
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Manager Name  ROBERT P. FREEMAN  Street Address  Street Address  Street Address  City BRISTOL  Manager Name  Manager Name  Manager Name  Street Address  Street Address  State  Zip Manager Name  Street Address  Street Address  Street Address  Street Address  City State  Zip City State  Zip City State Zip City State Zip City State Zip City State Zip Address  CAMERON & MITTLEMAN LLP Address  CAMERON & MITTLEMAN LLP Address	7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## 160519

File Date \_\_\_\_\_\_
Check No. \_\_\_\_\_\_
By: \_\_\_\_\_
FOR SECRETARY OF STATE USE ONLY

FILED OCT 1 5 2015

Under penalty of perjury, I declare and affirm that I have examined this report, insteading any accompanying schedules and statements, and that all statements, contained begin are true and correct.

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Signature of Authorized Person

Robert P. Freeman

Print or Type Name of Authorized Person