

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

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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.

1. Entity ID No. 159530		of the limited liability FERPRISES, LL			•											
3. State of Formation	4. Brief descrip	tion of the character	of business conducted in Rhode Is	sland												
Rhode Island	Real e	state man	gement.													
5. Principal office address 60 Sachuest Way			City Middletown													
6. MAILING ADDRESS OF LIMIT	ED LIABILITY	COMPANY AND NA	<u> </u>	ISON:												
Contact Name Stephen J. DiGianfilippo,	Esq.		Contact Title Attorney													
Street Address 50 Park Row West, Suite	111		City Providence													
7, LIST ALL, MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRI	ESSES) OF THE LI	NITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS											
Manager Name Neill F. Coffey		diagitatrama ralanganiang	Manager Name	100271131	nd 1 de Killetzmande orden Skillet i Stad orden Killet i Stad											
Street Address 60 Sachuest Way			Street Address													
City Middletown	State RI	Zip 02842	City	State	Zip											
Manager Name		•	Manager Name													
Street Address			Street Address	<u>-</u>	•											
City	State	Zip	City	State	Zip											
8. RESIDENT AGENT IN RHODE	ISLAND															
This information is currently of r	ecord in the C	Office of the Secreta	ary of State. Changes require filir	ng Form 642.	5 03											
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Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements

Neill F. Coffey

Print or Type Name of Authorized Person