

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.	2. Exact name o	2. Exact name of the limited liability company							
163225	Capi ta	1 Village	Properties LL						
3. State of Formation	4. Brief description	on of the character of bu	usiness conducted in Rhode Islan	d					
RI Own, sell, rent Real Estate									
5. Principal office address 230 Jewett St.			City Providence	State	Zip 02908				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name									
l			Contact Title Manager						
P.O. Box 4024	9-		Oity Providence	State	Zip 02940				
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)									
Manager Name			Manager Name						
<u> </u>									
Street Address			Street Address						
City	State	Zip	City		,				
0.1,	Clare	Zip	City	State	Zip				
Manager Name			Manager Name	<u> </u>					
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN RHODI	」 E ISLAND (福祉)	i Sobstania de Company							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.									
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Signature of Authorized Person 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 true and correct.