

## 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 nai	2. Exact name of the limited liability company					
148079	Warren	Warren Holdings, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	hold rea	hold real estate					
5. Principal office address 31 America's Cup Ave			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>		
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OF TITLE OF CONTAC	T PERSON:			
Contact Name Joseph H. Olaynack III			Contact Title				
Street Address 31 America's Cup Ave			City <b>Newport</b>	State RI	Zip <b>02840</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		ORESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8: RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	ntly of record in th	e Office of the Sec	retary of State. Changes requ	ire filing Form 642.			

File Date	OCT 19 2015	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.	
FOR SECRETARY OF STATE USE ONLY	_	Karen K. Corcoran 111 my Capacary & Member	
		Print or Type Name of Authorized Person	
Form No. 632		Cita Wen Howsings LLC.	

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Form No. 632 Revised: 01/2012