

## 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 of the limited liability company					
156885	Confreda Management, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Manage real estate.					
5. Principal office address 2150 Scituate Avenue			City Hope	State RI	<b>Zip</b> 02831	
6 MAILING/ADDRESS/OF LIMIT	ED LIABILITY	COMPANY AND NAI	ME OR TITLE OF CONTACT	PERSON:	road sten a St. and	
Contact Name Vincent J. Confreda			Contact Title Manager			
Street Address 2150 Scituate Avenue			City Hope	State RI	<b>Zip</b> 02831	
7. LIST ALL MANAGERS (NAMI ("X" BOX FOR ATTACHMENT		ESSES) OF THE LIM	ITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name Vincent J. Confreda				Manager Name		
Street Address 2150 Scituate Avenue	enue		Street Address			
City Hope	State RI	Zip 02831	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHODE	ISLAND					
This information is currently of	record in the (	Office of the Secretar	y of State. Changes require	filing Form 642.	<u> </u>	

FILED OCT 1 9 2015

BY 13401

File Date	Under penalty of perjury, I declare and affirm that I have examined this poport, including any accompanying schedules and statements, and that all statements can be included in the correct.		
By:	Signature of Authorized Person	7 (747) Date	
FOR SECRETARY OF STATE USE ONLY	Vincent J. Confreda, Manager		
TOROLOGILIANTE OF STATE USE ORLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012