

## 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				
129717	Middleto	wn Plaza III, LL	_C			
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	Commercial Property					
5. Principal office address 48 Hewett Street			City <b>Warwick</b>	State RI	Zip <b>02889</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Brian Bucci			Contact Title			
Street Address 48 Hewett Street			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACHI		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	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 RI	HODE ISLAND				l	
This information is current	lly of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.	, Violation	
					Mark to the second seco	

FILED OCT 1 9 2015

File Date	this report including any accompanying s	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.			
Check No		10/01/2015			
Ву:	Signature of Authorized Person	Date			
FOR SECRETARY OF STATE USE ONLY	Brian Bucci				
ON SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	Print or Type Name of Authorized Person			