

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	f the limited liability com	pany		····
000134976	POULIOT PROPERTIES, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
RI	REAL ESTATE INVESTMENT AND DEUEL OPMENT				
5. Principal office address 3//4 5 OCE	an Beup	UNIT 303	City HIGHLAND BE	ac State	Zip 33487
6. MAILING ADDRESS OF LIMI	TED LIABILITY C	OMPANY AND NAME O	OR TITLE OF CONTACT PER	SON:	
Contact Name			Contact Title		
DONALD POUL	107				
Street Address 3/14 5. OCEAN BLUD, UNIT 303			City HISH LAND BEA	v (State	Zip 3348-7
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	EO WYN YNNHES	SSES) OF THE LIMITED	LIABILITY COMPANY, IF A	PLICABLE - DO	NOT LIST MEMBERS
Manager Name DONALD 5 POULIT			Manager Name		
Street Address 3/14 S. OCEAN BLUD UNIT 303 City HIGHLAND BEACH FL Zip 33487			Street Address		
	State F	Zip 33487	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE	ISLAND				
This information is currently of	record in the Off	ice of the Secretary of	State, Changes require filing	g Form 642.	
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File 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.			
Check No	and that an statements contained herein are the	10-14-201		
Ву:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY	DOWALD & POULIOT Print or Type Name of Authorized Person	. , , , , , , , , , , , , , , , , , , ,		

Form No. 632 Revised: 01/2012