

## 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

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## 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. 1002845	2. Exact nar <b>Marcil R</b> o	me of the limited liab ealty, LLC	pility company				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Own and	Manage Real I	Estate				
5. Principal office address 121 Bacon Street			City Pawtucket	State RI	Zip <b>02860</b>		
	FLIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Kellie Marcil			Contact Title Operating Manager				
Street Address 121 Bacon Street			City Pawtucket	State RI	Zip <b>02860</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Kellie Marcil			Manager Name	Manager Name			
Street Address Same as Above			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHODE ISLAND						
This information is curre	ntly of record in the	Office of the Sec	retary of State. Changes require	filing Form 642.			

FILED

OCT 1 9 2015

BY 5083

	Under penalty of perjury, I declare and affire	
	this report, including any accompanying so and that all∕statements co <del>ntai</del> ned herein are	
Check No	L. Marcio	10/2015
By:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Kellie Marcil	,
	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012