

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 Park Avenue Property Management, LLC																
929174	Fair Av	ende Froperty i	vallagement, EEO													
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rho	usiness conducted in Rhode Island												
RI	rea	al estate	owsers h.p / ma	NASGMENT												
5. Principal office address 124 Country Club D	Prive		City / Warwick	City State RI												
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	A A GALLANDA A C.											
Contact Name Peter J. Erklauer			Contact Title Member													
Street Address 124 Country Club D	rive		City Warwick	State RI	Zip 02888											
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS											
Manager Name			Manager Name	Manager Name												
Street Address			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 R	HODE ISLAND															
This information is curren	itly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.												

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Peter J. Erklauer

Print or Type Name of Authorized Person