

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. 910831		me of the limited liab	oility company		10,	
State of Formation		Brief description of the character of business conducted in Rhode Island To hold and manage real estate				
5. Principal office address 6 Joseph Drive			City Warren	State RI	Zip 02885	
s. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Paul A. Almeida, Trustee		O NAME OR TITLE OF CONTACT PERSON: Contact Title Member				
Street Address 6 Joseph Drive			City Warren	State RI	Zip 02885	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name None			Manager Name None			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
Manager Name None			Manager Name None			
treet Address		Street Address				
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN I		Office of the Secr	retary of State. Changes requir	re filing Form 642.		

FILED OCT 2 0 2015 BY 4344

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 bergin are true and correct.		
Check No	Kaul a alme	المالية المالية	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Paul A. Almeida Trust, Member		
TON SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012