

## 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.	2. Exact name of the limited liability company Broadcommon Partners, LLC					
961150		·				
3. State of Formation	4. Brief desc	ription of the character	of business conducted in Rhoo	de Island		
RI	Hold and	manage real esta	te			
5. Principal office address P.O. Box 752			City Bristol	State RI	Zip <b>02809</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NAI	WE OR TITLE OF CONTACT I	PERSON:		
Contact Name John D. Winslett			Contact Title  Member			
Street Address P.O. Box 752		City Bristol	State RI	Zip <b>02809</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LIM	ITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name None			Manager Name None			
Street Address			Street Address			
City						
Ť	State	Zip	City	State	Zip	
	State	Zip	City  Manager Name  None	State	Zip	
Manager Name	State	Zip	Manager Name	State	Zip	
Manager Name None	State	Zip	Manager Name None	State	Zip	
Manager Name None Street Address	State		Manager Name None Street Address	State		

OCT 2 0 2015

BY		
File Date	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements contained herein are type and correct.	d Its
Check No	( Sun) V ms 9/1/15	
By:	Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	John D. Winslett, Member	
FUN SECHE IARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012