

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.		me of the limited liabilit				
121955	ROOSE	VELT AVENUE, L	LC			
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rhoo	le Island		
RI	Real est	Real estate investment				
5. Principal office address 379 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT F	PERSON:		
Contact Name Thomas P. Dunn			Contact Title Manager			
Street Address 379 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Thomas P. Dunn			Manager Name None			
Street Address 379 Roosevelt Aven	ue		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
		Office of the Secret	ary of State. Changes require	filing Form 642		
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File Date	
Check No	
Ву:	
FOR SECRETARY OF ST	: TATE LIGE ONLY

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

Thomas P. Dunn, Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012