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
000070741	Sea Crest Realty Limited Liability Company
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Deal in and with Real Property

5. Principal office address	City	State	Zip
3500 South kanner Highway #67	Stuart	FL	34994

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mildred C. DuPointe	Owner

Street Address	City	State	Zip
3500 South Kanner Highway #67	Stuart	FL	34994

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Mildred C. DuPointe	3500 South Kanner Highway #67	Stuart	FL	34994
N/A				

Manager Name	Street Address	City	State	Zip
N/A				

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
OCT 20 2015
BY 4131

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE 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.

Mildred C DuPointe 10/6/15
Signature of Authorized Person Date

Mildred C. DuPointe
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012