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. **312386**	2. Exact name of the limited liability company **CALDWELL REALTY, LLC**		
3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Real estate services.**		
5. Principal office address **6500 Post Road**	City **North Kingstown**	State **RI**	Zip **02852**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON			
Contact Name **David A. Caldwell, Jr.**	Contact Title		
Street Address **6500 Post Road**	City **North Kingstown**	State **RI**	Zip **02852**
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) ☐			
Manager Name Same as above	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
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 21 2015
13331

File Date _____
Check No _____
By: _____ **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.

Signature of Authorized Person — Date 10/15/15

David A. Caldwell, Jr.
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012