

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 na	me of the limited liabili	ty company		
114366	S.C. Properties, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	PURCHASE, SALE, RENTAL AND LEASING AND OTHERWISE HOLDING OF REAL ESTATE WITHIN THE STATE OF RHODE ISLAND				
5. Principal office address 93 Gilbane Street			City Warwick	State RI	Zip 02886
. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	
Contact Name Daniel E. Koury			Contact Title Operating Manager		
treet Address 93 Gilbane Street			City Warwick	State RI	Zip 02886
. LIST <u>all</u> managers ("X" box for attach	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBER
Manager Name Daniel E. Koury			Manager Name		
itreet Address 93 Gilbane Street			Street Address		
ity Warwick	State RI	Zip 02886	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
ity . RESIDENT AGENT IN R		Zip	City	State	Zip

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BY 54	3
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 herein are true and correct.
Check No	Car. Man. 10/13/2015
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	DANIEL E. KOURY
. OH OCCURRANT OF CIATE DOCUME!	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012