

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.

6 Briarwood Drive 6 MAILING ADDRESS OF LIMITED LIABILITY CONPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Alan Doyle Street Address Same as above City State Zip T. 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 Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip City State Zip City State Zip City State Zip Street Address City State Zip Street Address	Entity ID No.	2. Exact na	2. Exact name of the limited liability company						
Ri Own's real estate 5. Principal office address 6 Briarwood Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Alan Doyle Street Address City City State Zip Zip Zip Zip Zip Zip Zip Zi	141435	Spaumdo, LLC							
S. Principal office address 6 Briarwood Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Alan Doyle Street Address Same as above City State City State City State Zip Contact Title Member Street Address Same as above City State Zip Ananager Name Manager Name Street Address City State Zip City State Zip Street Address Street Address Street Address City State Zip Manager Name Street Address City State Zip City State Zip	3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
6 Briarwood Drive 6 MAILING ADDRESS OF LIMITED LIABILITY CONPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Alan Doyle Street Address Same as above City State Zip T. 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 Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip City State Zip City State Zip City State Zip Street Address City State Zip Street Address	RI	Own's real estate							
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Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip			
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name					
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address					
	City	State	Zip	City	State	Zip			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	8. RESIDENT AGENT IN RI	HODE ISLAND							
	This information is current	tly of record in the	e Office of the Secr	etary of State. Changes require t	iling Form 642.				

FILED

OCT 2 1 2015

File Date		4115	Under penalty of perjury, I declare and affirm this report, including any accompanying scl	nedules and statements,	
	V 1		and that all statements contained herein are true and correct.		
Check No			Clar Lly Ce	10-15-15	
Ву:			Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY			Alan J. Doyle		
TON SCORE IANT OF STATE USE DIGET			Print or Type Name of Authorized Person		

Torm No 632 Revised: 31/2012