

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. 989308	2 Exact nan 521 Prop	2. Exact name of the limited liability company 521 Property Manager LLC				
3. State of Formation Rhode Island	4. Brief desc Real esta	Brief description of the character of business conducted in Rhode Island Real estate development, investment, management and holdings				
5. Principal office address 521 Roosevelt Avenue			City Central Falls	State RI	Zip 02863	
6 MAILING ADDRESS O	HEMITEDILIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	RSON		
Contact Name Louis Yip			Contact Title Member	* 4 : : - : : : : : : : : : : : : : : : :		
Street Address 521 Roosevelt Avenue			City Central Falls	State RI	Zip 02863	
7: LIST <u>all</u> Managers ("X" box eob attaci		HESSES) OF THE	LIMITEO LIABILITY COMPANY, IF	APPLICABLE DO	ENOTE ESTAMEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENTAN	RHODE (SLAND			Me To the second		
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require t	filing Form 642.		

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Form No. 632 Revised: 01/2012

Under penalty of perjury√	declare and affirm that I have examined
this report, including apy	accompanying schedules and statements,
and that all statements co	intained her fin are true and correct.

Signature of Authorized Rerson

Date

Louis Yip

Print or Type Name of Authorized Person