

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.

	2. Exact nam	2. Exact name of the limited liability company				
113912	Tingles, I	Tingles, LLC				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island own, operate and manage eal estate and personal property				
Rhode Island	own, ope					
5. Principal office address 31 America's Cup Ave			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Lucia S. Williams			Contact Title Manager			
Street Address 20 County St			City Newport	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBER	
	of a control of the same of the control of the cont	5565 w 10 to			the state of the s	
Manager Name Lucia S. Williams	or a second seco	<u>Marine de la </u>	Manager Name	<u> </u>		
Lucia S. Williams	i i i i i i i i i i i i i i i i i i i	Martine di Servici di Promini di Antonio di Colori	Manager Name Street Address			
Lucia S. Williams Street Address 20 County St	State RI	Zip 02840		State	Zip	
Lucia S. Williams Street Address 20 County St City Newport		Zip 02840	Street Address	State	Zip	
Lucia S. Williams Street Address 20 County St City Newport Manager Name		Zip 02840	Street Address City	State	Zip	
Street Address 20 County St City		Zip 02840 Zip	Street Address City Manager Name	State	Zip	
Lucia S. Williams Street Address 20 County St City Newport Manager Name Street Address	State		Street Address City Manager Name Street Address			

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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	Signature of Authorized Person	D • ZD • ZD [5]	
FOR SECRETARY OF STATE USE ONLY	Lucia S. Williams		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012