

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. | 2. Exact na | 2. Exact name of the limited liability company TRAIL'S END PROPERTY MANAGEMENT AND DEVELOPMENT, LLC | | | | | |
|---|------------------------|---|-----------------------------------|---------------------|------------------|--|--|
| 145278 | TRAIL'S | | | | | | |
| 3. State of Formation | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | |
| RHODE ISLAND | purchas | purchase, sale, ownership and management of real estate | | | | | |
| 5. Principal office address 59 Pound Road, P. O. Box 805 | | City Chepachet | State RI | Zip 02814 | | | |
| ê Mayleing Apdression | EMPENINABILI | TY-COMPANY AND | NAME OF TITLE OF CONTACT F | ERSON: | | | |
| Contact Name Kevin A. LaVoie | | Contact Title Member | | | | | |
| Street Address 59 Pound Road, P. O. Box 805 | | City Chepachet | State RI | Zip 02814 | | | |
| 7. LIST ALL MANAGERS ((*X**BOX FOR ATTACH) | NAMES AND ADI MENT) | ORESSES) OF THE | LIMITED LIABILITY COMPANY, II | FAPPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name None Street Address | | | Manager Name | | | | |
| | | | 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 BE | IODE ISLAND | | | | | | |
| This information is current | ly of record in th | e Office of the Secr | etary of State. Changes require f | iling Form 642. | | | |
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Form No. 632 Revised: 01/2012 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

Kevin A. LaVoie

Print or Type Name of Authorized Person