



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 2010

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. <u>85512</u>		2. Exact name of the limited liability company <u>SOUTH COUNTY MANAGEMENT, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE HOLDING</u>			
5. Principal office address <u>30 OSPREY DRIVE</u>		City <u>EAST GREENWICH</u>	State <u>RI</u> Zip <u>02818</u>		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>CLAUDIO MARASCO, ESQ.</u>		Contact Title <u>AGENT</u>			
Street Address <u>30 OSPREY DRIVE</u>		City <u>EAST GREENWICH</u>	State <u>RI</u> Zip <u>02818</u>		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 26 2015

By 259557
A.A. 12:21 p.m.

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OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV.
OCT 26 PM 12:18

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Anthony J. Riccicelli Manager-Member 10/23/15
Signature of Authorized Person Date
Anthony J. Riccicelli Manager-Member
Print or Type Name of Authorized Person