

## 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 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.

3. State of Formation  Rhode Island  5. Principal office address 612 Greenwich Avenue  6. MAILING ADDRESS OF LIMITE Contact Name	4. Brief descri Real Estat	te Developmer	City <b>Warwick</b>	de Island State	Zip		
Rhode Island  5. Principal office address 612 Greenwich Avenue 6. MAILING ADDRESS OF LIMITE Contact Name	Real Estat	te Developmer	City Warwick	State			
5. Principal office address 612 Greenwich Avenue 6. MAILING ADDRESS OF LIMITE Contact Name			City <b>Warwick</b>				
6. MAILING ADDRESS OF LIMITE Contact Name	DLABILITY	COMPANY AND	Warwick				
Contact Name	D LIABILITY	COMPANY AND		1	02886		
			NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Joseph Catelli			Contact Title Member				
Street Address 612 Greenwich Avenue			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>		
7. LIST <u>ALL</u> MANAGERS (NAMES ("X" BOX FOR ATTACHMENT)	S AND ADDR	ESSES) OF THE I	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
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 AGENT IN RHODE I	ISLAND						
This information is currently of re	ecord in the	Office of the Secr	etary of State. Changes require	filing Form 642.			

File Date		Under penalty of perjury/I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No	1502	and that all statements contained herein are true and correct.
By: S / FOR SECRETARY OF STATE USE ONLY	19.100	Signature of Authorized Person Date
		Frint of Type Name of Authorized Person

Form No. 632 Revised: 01/2012