

## 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.

1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company						
1000798	FRIENDS	FRIENDSHIP & CLIFFORD NON-MEMBER MANAGER LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island						
DELAWARE		REAL ESTATE						
5. Principal office address			City	State	Zip			
2000 MCKINNEY AVE, SUITE 1000			DALLAS	TX	75201			
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT		73201			
Contact Name	ntact Name			Contact Title				
MARYANNE ELLIS		AUTHORIZED PERSON						
Street Address			City	State	Zip			
2000 MCKINNEY AVE, STE 1000			DALLAS	TX	75201			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES ^ND ADI MENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS			
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			
			'	21410	1P'			
8. RESIDENT AGENT IN R	HODE ISLAND				Januar Barring Hara Regarden			
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes requir	e filing Form 642				

## FILED

File Date	OCT 2 7 2015 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	1 (010108	musul Elli	10/20/2015		
Ву:		Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY		MARYANNE ELLIS, AUTHORIZED PERSON			
		Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012