

## 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.<br>142476                        | 2. Exact na Noosen     | 2. Exact name of the limited liability company Nooseneck Hill Realty Managment, LLC  |  |  |  |  |
|---|------------------------|--|--|--|--|--|
| 3. State of Formation  Rhode Island               | 4. Brief des           | 4. Brief description of the character of business conducted in Rhode Island  To acquire, own, develop, lease, sell and/or manage real estate   |  |  |  |  |
|   |                        | ,,,  | op, lease, sell allujor man  | age real estate  |  |  |
| 5. Principal office address<br>29 Sugar Maple Dri |                        |  | City<br>Coventry   | State  | Zip<br><b>02816</b>  |  |
| . MAILING ADDRESS OF                              | LIMITED LIABILI        | TY COMPANY AND   | NAME OR TITLE OF CONTACT   | RI   | 02816  |  |
| William D. Finnegan                               |                        |  | Contact Title  | PERSON (September 1997)  | The second secon |  |
| Street Address<br>29 Sugar Maple Drive            |                        |  | City<br>Coventry   | State<br>RI  | Zip<br><b>02816</b>  |  |
| LIST ALL MANAGERS (<br>("X" BOX FOR ATTACH        | NAMES AND AD!<br>MENT) | DRESSES) OF THE  | LIMITED LIABILITY COMPANY,   | IF APPLICABLE - DO   | NOT LIST MEMBERS   |  |
| lanager Name                                      |                        | and the state of t | Manager Name   |  |  |  |
| treet Address                                     |                        |  |  |  |  |  |
| "COLNOCIESS                                       |                        |  | Street Address   |  |  |  |
| City  | State                  | Zip  | City   | 104-4  |  |  |
| anager Name                                       |                        |  | Jony Jones   | State  | Zip  |  |
| anayer wame                                       |                        |  | Manager Name   |  |  |  |
| reet Address                                      | <del></del>            | <del></del> _  | Street Address   |  |  |  |
| <del></del>                                       |                        |  | Street Address   |  | 2  |  |
| ity   | State                  | Zip  | City   | State  |  |  |
| RESIDENT AGENT IN RH                              | IODE ISLAND            |  |  |  | <b>4</b> 000000000000000000000000000000000000  |  |
| nis information is current                        | ly of record in the    | Office of the Source   | etary of State. Changes require t  | American Ame | 25 F.C.  |  |
|   | <u> </u>               | Office of the Secre  | tary or State. Changes require   | filing Form 642.   | <b>6</b>   |  |
|   |                        |  |  |  |  |  |
| FILED   | m                      |  |  |  | PH I2: I   |  |
| OCT 2 6 201                                       |                        |  |  |  | <b>克</b> ((()))  |  |
| 9CT 2 5 201                                       |                        |  |  |  | <b>克</b> ((()))  |  |
| OCT 2 6 201                                       | 9573                   |  | Under penalty of perju<br>this report, including<br>and that all statement | anv acemmanuma ce  | m that I have examined   |  |
| OCT 2 5 201 BY                                    | 9573                   |  | and that all statement   | contained herein are   | m that I have examined   |  |
| OCT 2 5 201<br>BY W 25                            | 9573                   |  | ····o report adicionino a  | contained herein are   | m that I have examined   |  |

Form No. 632 Revised: 01/2012