

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. 758317		ie of the limited liability	y company PROPERTIES, LLC							
3. State of Formation Rhode Island	1	Brief description of the character of business conducted in Rhode Island Real estate management								
5. Principal office address 5 Lovegreen Way			City East Greenwich	State RI	Zip 02818					
6. MAILING ADDRESS OF	IMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PER	ISON:						
Contact Name Stephen J. DiGianfili			Contact Title Registered Agent							
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903					
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN	NAMES AND ADD NENT) 🔲	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEN	IBERS				
Manager Name Robert E. Gallucci			Manager Name	nager Name		70				
Street Address 5 Lovegreen Way			Street Address	15 00						
City East Greenwich	State Ri	Zip 02818	City	State	Zip →	35				
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip S	n i				
8. RESIDENT AGENT IN RI	HODE ISLAND				ġ					
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FOR	SEC	CRE	TARY	OF ST	ATE L	SE C	NLY

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

10/2 Date

Robert E. Gallucci

Print or Type Name of Authorized Person