



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 134668		2. Exact name of the limited liability company GLENWOOD PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 400 GLENWOOD AVE.		City PAWTUCKET		State R. I.	Zip 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RALPH R. RYAN, ESQ.		Contact Title RESIDENT AGENT			
Street Address 1495 NEWPORT AVE.		City PAWTUCKET		State R. I.	Zip 02861
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name PAUL A. PERKOWSKI		Manager Name ELIZABETH PERKOWSKI			
Street Address 36 RIVER VIEW AVE.		Street Address 36 RIVER VIEW AVE.			
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
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 of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

OCT 26 2015

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BY

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

Date

PAUL A. PERKOWSKI

Print or Type Name of Authorized Person

File Date

Check No.

By:

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