

## 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 name of the limited liability company					
791421	Beech T	Beech Tree Real Estate Investments, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island     Real Estate					
Rhode Island							
. Principal office address 39 Malloy Road		City Greenfield Center	State NY	Zip 12833			
6. MAILING ADDRESS O	F LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PERS	SON:			
Contact Name Tomas Elphick		Contact Title					
Street Address 39 Malloy Road			City Greenfield Center	State NY	Zip <b>12833</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADE HMENT) [	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	nager Name		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHODE ISLAND						
This information is access	antly of record in th	e Office of the Sec	retary of State. Changes require filing	- Form 640			

File Date	OCT 26 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	$\sim$ $100$		10/22/2015
By:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE OF		Tomas Elphie	
FUN SEUNEIAN VESTALEUSE VI	<b>NET</b> (1922)   Pare 19 	Print or Type Name of Authorized Person	

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Form No. 632 Revised: 01/2012