

## 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. <b>488277</b>		2. Exact name of the limited liability company TERM LLC				
3. State of Formation	4. Brief descr	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	Own, Man	Own, Manage, and Lease Real Estate				
5. Principal office address 1370 Elmwood Avenue			City <b>Cranston</b>	State RI	Zip <b>02910</b>	
	ATTED LIABILITY	COMPANY AND	NAME OF THE ELD REONTACT	PERSON:		
Contact Name Thomas M. Walsh			Contact Title  Member			
Street Address 1370 Elmwood Avenue	•		City Cranston	State <b>RI</b>	Zip <b>02910</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDI NT) [	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOTEST MEMBERS	
Manager Name  The MAS Molecula N			Manager Name	Manager Name		
The MAS Me WALSA  Street Address  Of Secence De  City  City  CARNICK  RT.  C288			Street Address			
City CVARNICK	State R.T.	Zip	SS City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	DE ISLAND					
This information is currently	of record in the	Office of the Sec	retary of State. Changes require	e filing Form 642.		

OCT 2 6 2015

File Date	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	Signature of Authorized Person	/2/2/// Date	
FOR SECRETARY OF STATE USE ONLY	Thomas M. Walsh, Member		
	Print or Type Name of Authorized Person		

2/2///5 Date

Form No. 632 Revised: 01/2012