

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.		ne of the limited liability							
99393	Common	wealth Associate	es, LLC						
3. State of Formation	4. Brief desc	ription of the character	of business conducted in Rhode	Island	· · · · · · · · · · · · · · · · · · ·				
Rhode Island	Commerc	cial Real Estate							
5. Principal office address P.O. Box 6872	S		City Warwick	State RI	Zip 02887				
	FLIMITED LIABILIT	Y COMPANY AND NA	MEIOR HITLE CONTACTARE	RSON:	(ការការប្រជាពលរដ្ឋប្រជាព្រះប្រជាព្រះការ				
Contact Name Constance L. Marz	zilli		Contact Title Member						
Street Address P.O. Box 6872			City Warwick	State RI	Zip 02887				
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE LII	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS				
Manager Name Constance Marzill	i		Manager Name Alda P. McMahon						
Street Address 237 Commonweal	th Avenue		Street Address P.O. Box 101						
City Warwick	State RI	Zip 02886	City Narragansett	State RI	Zip 02882				
Manager Name			Manager Name	.					
Street Address	, , , , , , , , , , , , , , , , , , , ,		Street Address						
City	State	Zip	City	State Zip					
8. RESIDENT AGENT IN	RHODE ISLAND								
This information is curr	rently of record in th	e Office of the Secret	ary of State. Changes require fi	ling Form 642.					

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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

Constance Marzilli

Print or Type Name of Authorized Person