

## 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. 127374                            |                      | 2. Exact name of the limited liability company Res Real Estate, LLC         |                                  |                         |                     |  |  |
|--|----------------------|---|----------------------------------|-------------------------|---------------------|--|--|
| 3. State of Formation                              |                      | 4. Brief description of the character of business conducted in Rhode Island |                                  |                         |                     |  |  |
| Rhode Island                                       | Real Esta            | ite   |                                  |                         |                     |  |  |
| 5. Principal office address 732 Plainfield Street  |                      |   | City<br>Providence               | State<br><b>RI</b>      | Zip<br><b>02909</b> |  |  |
|  | LIMITED LIABILIT     | Y COMPANY AND I   | NAME OR TITLE OF CONTACT P       | ERSON:                  |                     |  |  |
| Contact Name Robert Resnick                        |                      |   | Contact Title  Member            |                         |                     |  |  |
| Street Address<br>732 Plainfield Street            |                      |   | City<br>Providence               | State<br>RI             | Zip<br><b>02909</b> |  |  |
| 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTACH |                      | RESSES) OF THE  | LIMITED LIABILITY COMPANY, I     | FAPPLICABLE - <u>Do</u> | NOT LIST MEMBERS    |  |  |
| Manager Name                                       |                      |   | Manager Name                     |                         |                     |  |  |
| Street Address                                     |                      |   | Street Address                   |                         |                     |  |  |
| City   | State                | Zip   | City                             | State                   | Zip                 |  |  |
| Manager Name                                       | anager Name          |   |                                  | Manager Name            |                     |  |  |
| Street Address                                     |                      |   | Street Address                   |                         |                     |  |  |
| City   | State                | Zip   | City                             | State                   | Zip                 |  |  |
| 8. RESIDENT AGENT IN I                             | <br>RHODE ISLAND     |   |                                  |                         |                     |  |  |
| This information is curre                          | ntly of record in th | e Office of the Seci  | retary of State. Changes require | filing Form 642.        |                     |  |  |

## FILED

OCT 2 7 2015 500 a

| BY                              | $\mathcal{S}^{-1}$   |  |  |
|---------------------------------|--|--|--|
| File Date Check No              | 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 |  |  |
|                                 | Robert Resnick   |  |  |
| FOR SECRETARY OF STATE USE ONLY |  |  |  |
|                                 | Print or Type Name of Authorized Person  |  |  |

Form No. 632 Revised: 01/2012