

## 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>791435</b>	2. Exact nar	ne of the limited liab	ility company									
3. State of Formation		•	ter of business conducted in Rho	de Island								
Rhode Island	Real Est	ate										
5. Principal office address 109 Airport Road	L		City <b>Warwick</b>	State RI	Zip <b>02888</b>							
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:								
Contact Name Robert E. DeBlois			Contact Title <b>Member</b>	<u> </u>								
Street Address 109 Airport Road			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>							
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS							
Manager Name			Manager Name		<u> </u>							
Street Address			Street Address									
City	State	Zip	City	State	Zip							
Manager Name	<u> </u>	L	Manager Name									
Street Address			Street Address									
Street Aduress				City State								
	State	Zip	City	State	Zip							
City  8. RESIDENT AGENT IN I		Zip	City	State	Zip							

FILED BY.

			F																																			
			C																																			
4	٠.	Y.		23			???	£::	0:0	X		*	123	2:3	28	50	×	×÷	<b>::</b> :			::::	20	:::				345			×	,,,	٠.		٠,٠	co.		
33	4		:	÷	.:	31	???	4	200	×	0	×	48	33	ď.	ŕ	×	×	8				86	33	3	100	œ	×.	Ö		×	Č.	×	::		:::	100	100
×		÷	,	×	:	÷,	:::	6	23	×		ĕ	2	33	ď.	ź	×	×					ŝ	×		363		7	ø					::			1	::
X		ř	ä	÷	÷					×	ij,	×	â	***	22	ź	X	X	X		8		ŝ	ä		3			8						9			:
		ž.	4	**	ť	**	36			¥		ö	8		3	á	X	×			8		ŝ	ä		***									23			::
		i			í					***		8	8			Š	č	×			2			ž		iii								2				3
**			á		i					***		3000	8			Š	ä	×			3		8	×														8
			<b></b>							****		*****				Š		×					8	***************************************														Š
			<b>.</b>	***						*****		******				ŝ	×	×					8															S
			á	v						****		33					****	***************************************					8															
		ı	6	٧						****		380000					***************************************	***					30000															
		1	8	y						***		***************************************					X																					
		ı	8	y						***		***************************************						***************************************																				
		1	8	y						***		***************************************			C			*****					2000000												**			
		1	8	y								30000						****													*							
		1	₿	y						**		***************************************						***													*							
		1	₿	y						***		3000000			C			******																				
			₿	y						***		2000																			-				***			
							9					2007-2002																							***			
							9			******		200000000000000000000000000000000000000			C. C																							
							9			******		**************************************																										
							9			***************************************		**************************************			***************************************																							
							9			X		***************************************			C. C																							
							9			XX		**************************************			***************************************																			×	ji			
							9			******										3		•						1						Ň	j			
							9	5						1	A			Y		)	F	E								5	E		O	ì			ŕ	
							9	5						1	A	1	3,	Y	(	)	F	S							J.	5	E		O	ì			ſ	
							9	5			<b>.</b>			1	A	J	3	Y.	(	<b>)</b>		•			J				J,	3	E		0	ì	Į,		ſ	
							9	5			21	•		1	A	J	3.	Y	(	)	F	S				ſ		l	 !!	3	E		O	ì			ŕ	

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

Date

Robert E. DeBlois, Jr.

Print or Type Name of Authorized Person