

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 na	me of the limited liab	ility company		···						
136521	THE PE	THE PECK BUILDING, LLC									
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island									
Rhode Island	Real est	Real estate management									
5. Principal office address P.O. Box 74, 32 Cole Street			City Warren	State RI	Zip 02885						
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:							
Contact Name Alayne S. Barnicoat			Contact Title								
Street Address P.O. Box 74, 32 Cole Street			City Warren	State RI	Zip 02885						
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) [DRESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBER	<u>s</u>					
Manager Name			Manager Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Manager Name			Manager Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. RESIDENT AGENT IN R											
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes requir	e filing Form 642.							

		001 2 6 3006			
File DateBY (54)		BUAU	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements copfained herein are true and correct.		
Check No		en e	aluns Basser on	-2-	
Ву:			Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY			Alayne S. Barnicoat		
			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012