

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. 911600 | 2. Exact na PACO, I | 2. Exact name of the limited liability company PACO, LLC | | | | | |
|--|----------------------------|--|--|---|---------------------------------------|--|--|
| 3. State of Formation | 4. Brief des Real est | cription of the chara ate holding cor | ter of business conducted in Rhode Island Ipany | | | | |
| 5. Principal office address 30 Kingstown Road | | City Richmond | State RI | Zip 02898 | | | |
| 6. MAILING ADDRESS O Contact Name Frank DiPietro | F LIMITED LIABILI | TY COMPANY AND | NAME OR TITLE OF CONTACT I Contact Title | ME OR TITLE OF CONTACT PERSON: Contact Title | | | |
| Street Address P.O. Box 66 | | | City Richmond | State RI | Zip 02898 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI | (NAMES AND ADI HMENT) [| PRESSES) OF THE | LIMITED LIABILITY COMPANY, I | F APPLICABLE - DO | NOT LIST MEMBERS | | |
| anager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| Dity | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| B. RESIDENT AGENT IN F | RHODE ISLAND | | | | | | |
| his information is curre | ntly of record in the | e Office of the Secr | etary of State. Changes require | filing Form 642 | · · · · · · · · · · · · · · · · · · · | | |

| File Date | | Under penalty of perjury, I declare and affirm that this report, including any accompanying schedu | les and statements. |
|---------------------------------|-----------------------|--|---------------------|
| Check No | enn 2 3 20 15 | and that all statements contained herein are true | and correct. |
| Ву: | \sim 1 ϵ 2 | Signature of Authorized Person | Date |
| FOR SECRETARY OF STATE USE ONLY | Jan Jan | Print or Type Name of Authorized Posson | |

Form No. 632 Revised: 01/2012