

STATE OF RHODF Office of the Sec

**AND AND PROVIDENCE PLANTATIONS** 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.

Rhode Island	4. Brief desc	ne Sea, LLC	cter of business conducted in Rho						
5. Principal office address		ription of the charac	ter of business conducted in Rho						
5. Principal office address	real esta		4. Brief description of the character of business conducted in Rhode Island						
		real estate property management							
				State RI	Zip <b>02840</b>				
6. MAILING ADDRESS OF LIMIT	ED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:					
Contact Name Joseph H. Olaynack III			Contact Title						
Street Address 31 America's Cup Ave			City <b>Newport</b>	State RI	Zip <b>02840</b>				
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT	S AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBE				
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				
O DECIDENT A DENT IN COLOR	101 4310								
8. RESIDENT AGENT IN RHODE This information is currently of a	*****	<u> </u>							

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Check	À.				 1.1
Ву:					

Form No. 632 Revised: 01/2012

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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 montes

Signature of Authorized Person

Karen K. Corcoran in my Capacity as Member, Print or Type Name of Authorized Person

Cety by the for LLC