



**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.<br>108590                                                                                                                                                |       | 2. Exact name of the limited liability company<br>Greenville Common Properties, LLC.                     |      |             |              |
| 3. State of Formation<br>RI                                                                                                                                               |       | 4. Brief description of the character of business conducted in Rhode Island<br>Investment in real estate |      |             |              |
| 5. Principal office address<br>2 Church Street                                                                                                                            |       | City<br>Greenville                                                                                       |      | State<br>RI | Zip<br>02828 |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>                                                                               |       |                                                                                                          |      |             |              |
| Contact Name<br>Thomas Winfield                                                                                                                                           |       | Contact Title<br>President                                                                               |      |             |              |
| Street Address<br>4 Church Street                                                                                                                                         |       | City<br>Greenville                                                                                       |      | State<br>RI | Zip<br>02828 |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |                                                                                                          |      |             |              |
| Manager Name<br>Same as above                                                                                                                                             |       | 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          |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                  |       |                                                                                                          |      |             |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                         |       |                                                                                                          |      |             |              |

FILED

OCT 26 2015

BY 439

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

10/8/2015

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Thomas Winfield