

## 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.

|  |                   | 2. Exact name of the limited liability company  Guaranteed Trade, LLC                    |  |                           |                     |  |
|--|-------------------|--|--|---------------------------|---------------------|--|
| 128779   | Guarante          | seu Trade, LLO   |  |                           |                     |  |
| 3. State of Formation                              | 4. Brief desc     | Brief description of the character of business conducted in Rhode Island     Real Estate |  |                           |                     |  |
| Rhode Island                                       | Real Esta         |  |  |                           |                     |  |
| 5. Principal office address<br>831 Bald Hill Road  |                   |  | City<br><b>Warwick</b>                             | State <b>RI</b>           | Zip<br><b>02886</b> |  |
| 6. MAILING ADDRESS O                               | FLIMITED LIABILIT | Y COMPANY AND  | NAME OR TITLE OF CONTACT                           | PERSON                    |                     |  |
| Contact Name<br>William Fooks                      |                   | Contact Title  Member  |  |                           |                     |  |
| Street Address<br>831 Bald Hill Road               |                   |  | City<br><b>Warwick</b>                             | State<br><b>RI</b>        | Zip<br><b>02886</b> |  |
| 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTAC  | (NAMES AND ADD    | RESSES) OF THE   | LIMITED LIABILITY COMPANY,                         | IF APPLICABLE - <u>DO</u> | NOT LIST MEMBERS    |  |
|  |                   | Manager Name   |  |                           |                     |  |
| Manager Name                                       |                   |  | Manager Name                                       |                           |                     |  |
| Manager Name<br>Street Address                     |                   |  | Manager Name Street Address                        |                           |                     |  |
| _  | State             | Zip  |  | State                     | Zip                 |  |
| Street Address City                                | State             | Zip  | Street Address                                     | State                     | Zip                 |  |
| Street Address                                     | State             | Zip  | Street Address City                                | State                     | Zip                 |  |
| Street Address  City  Manager Name                 | State             | Zip<br>Zip   | Street Address  City  Manager Name                 | State                     | Zip<br>Zip          |  |
| Street Address  City  Manager Name  Street Address | State             |  | Street Address  City  Manager Name  Street Address |                           | ,                   |  |

FILED

OCT 2 9 2015

| File DateBY                     | Under penalty of perjury, I declare and this report, including any accompanying and that all statements contented here | ng schedules and statements |
|---------------------------------|--|-----------------------------|
| Check No                        | Uhn B Joah   | 10-26-15                    |
|                                 | Signature of Authorized Person   | Date                        |
|                                 | William Fooks  |                             |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person  |                             |

Form No. 632 Revised: 01/2012