

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 name of the limited liability company					
116717	15 Youn	15 Youngs Avenue, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island Real estate.						
Rhode Island							
5. Principal office address 22 Tiogue Avenue			City West Warwick	State RI	Zip 02893		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:			
ontact Name Kenneth A. Rossi		Contact Title Member					
Street Address 22 Tiogue Avenue			City West Warwick	State RI	Zip 02893		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
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	HODE ISLAND						
		e Office of the Secr	retary of State. Changes require fili	na Form 642	·		
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File Date	OCT 2 9 2015	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemer and that all statements contained herein are true and correct.	d its,
Check No	2/228	2 10-7-16	_
Ву:	45 220	Signature of Anthorized Basson Date	_
FOR SECRETARY OF STATE USE ONLY		Kenneth A. Rossi	
		Print or Type Name of Authorized Person	_

Form No. 632 Revised: 01/2012