s s	tate of Rhode Island an Office of the Se			S Fee: \$50.00
HOPE	Providence R	isiness Services iver Street I 02904-2615 22-3040	5	
Limited Liability Com	nany			
Annual Report Filing Period: September 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	2015			
1. ID No. 000116693				
2. Exact Name of the Limited Liability Company <u>145 Shippee Road, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of th	e Character of the Business	Which is Actu	ally Conducted	in Rhode Island
5. Principal Office Addre	SS			
	VATERMAN AVENUE <u>FPROVIDENCE</u>	State: <u>RI</u>	Zip: <u>02914</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and	Name or Title	of Contact Pe	rson:
	Title: /ATERMAN AVENUE ⁻ PROVIDENCE	State: <u>RI</u>	Zip: <u>02914</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addre	SS
	First, Middle, Last, Suffix	Addre	ss, City or Town, Sta	ate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
JOSEPH F. WHINERY, JR. ESQ. CAMERON & MITTLEMAN LLP <u>301 PROMENADE STREET</u> PROVIDENCE , <u>RI</u> 02908				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 1 Day of November, 2015 at 3:26:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RODERICK LICHTENFELS

Signature of Authorized Person

Form No. 632 Revised 09/07

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