

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

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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.

	DEVELOPMENT Co					
3. State of Formation 4. Brief	description of the characte		PANY, LLC			
1		4. Brief description of the character of business conducted in Rhode Island				
RI REAL	REAL ESTATE					
5. Principal office address 100 MAIN STREET		City PAWTUCKET	State RI	Zip 02860		
6. MAILING ADDRESS OF LIMITED LIAI	BILITY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:			
Contact Name ANDREW A. GATES		Contact Title MANAGER				
Street Address 100 MAIN STREET		City PAWTUCKET State RI		Zip 02860		
7. LIST <u>ALL</u> MANAGERS (NAMES AND ("X" BOX FOR ATTACHMENT)	ADDRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name ANDREW A. GATES		Manager Name				
Street Address 100 MAIN STREET		Street Address				
City State RI	Zip 02860	City	State	Zip		
lanager Name		Manager Name				
Street Address		Street Address				
City State	. Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLANI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
This information is currently of record in	n the Office of the Secret	tary of State. Changes require fil	ing Form 642.			

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OCT 3 0 2015 File Date Check No __

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.

Signature of Authorized Person

ANDREW A. GATES, MANAGER

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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