

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.

3. State of Formation	 		2. Exact name of the limited liability company Stockton Trust, LLC				
	Brief description of the character of business conducted in Rhode Island Real estate						
Rhode Island							
Principal office address Bellingham Road			City Blackstone	State MA	Zip 01504		
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	- 25 A		
Contact Name Jeffrey R. Allaire			Contact Title Authorized Person				
Street Address 6 Bellingham Road				State MA	Zip 01504		
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name N/A		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>		Manager Name				
street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	ODE ISLAND						
	T	e Office of the Sec	retary of State. Changes require	filing Form 642.			

FILED OCT 30 005

File Date	Di 1087	ffirm that I have examined g schedules and statements n are true and correct.		
Check No		L Mh.	10.27.15	
Ву:		Signature of A Morized Person Jeffrey R. Allaire	Date Ma. Las	
FOR SECRETARY OF STATE USE ONLY		Print of Type Name of Authorized Person		

Form No. 632 Revised: 01/2012