

## 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 20/5

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 o	f the limited liability com	pany	<del> </del>	
1. Entity ID No. 986/17 2. Exact name of the limited liability com					
	1500	me frag	orly LC		
State of Formation	4. Brief description	on of the character of bu	siness conducted in Rhode	Island	
RI.	Real 8	ESTATE	properties		
5. Principal office address	SHATH	awy st	City Zioglidena	State RI	Zip 02907
6. MAILING ADDRESS OF LIM Contact Name	TEDHABILITY	ONEANY AND NAME (		(18 <b>0</b> )	
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This information is currently of	record in the Offi	ce of the Secretary of	State. Changes require filir	ng Form 642.	

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Form No.	632
Revised:	01/2012

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.

AUNE LIO E Exhibit 11/9/15
Signature of Authorized Person Date

Print or Type Name of Authorized Person