



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. 963975		2. Exact name of the limited liability company Boral Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Management and rental of real estate	
5. Principal office address 122 Summer Street		City Central Falls	State RI
		Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Isidor Boral		Contact Title Manager	
Street Address 45 Vanderbilt Avenue		City Floral Park	State NY
		Zip 11001	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Isidor Boral		Manager Name	
Street Address 45 Vanderbilt Avenue		Street Address	
City Floral Park	State NY	Zip 11001	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES

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By 260721
A.A.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Isidor Boral

Print or Type Name of Authorized Person

Date

11/05/15