

## 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.

Entity ID No.	2. Exact nar	2. Exact name of the limited liability company																
797673	Creative	Investments, L	LLC	;														
3. State of Formation	4. Brief desc	cription of the charac	cter of business conducted in Rho	of business conducted in Rhode Island														
RI	to own a service	cquire, manage	e real estate property and	al estate property and to provide all property management														
<ol> <li>Principal office address</li> <li>Rollingwoods Dri</li> </ol>	ive		City <b>Johnston</b>	State RI	Zip <b>02919</b>													
5. MAILING ADDRESS OF	LHARTED LIABILT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	li anno anti anno anti anno anti-													
Contact Name  David Gilligan			Contact Title Attorney															
Street Address 28 Garfield Avenue			City Cranston	State RI	Zip <b>02920</b>													
7. LIST ALL MANAGERS ( III. ("X" BOX FOR ATTACHI		RESSES) OF THE	LIMITED CIABILITY COMPANY:	EAPPLICABLE - <u>DO</u>	NO EUSTIMEMBERS III.													
Manager Name			Manager Name	Manager Name														
Street Address			Street Address															
City	State	Zip	City	State	Zip													
Manager Name		<u> </u>	Manager Name	Manager Name														
Street Address			Street Address	Street Address														
City	State	Zip	City	State	Zip													
B. RESIDENT AGENT IN RI	(ODE ISLAND																	
This information is current	ly of record in the	Office of the Secr	retary of State. Changes require	filing Form 642.														

**FILED** NOV 10 2015

**************************************	 Company of the second	X :: X :: X		****	Take Contract	 1000000	1					 **************************************					200000000000000000000000000000000000000		A	The same of the sa					1.1001.000		200000000000000000000000000000000000000		100 may 100 ma		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		200	E			***********		 *****	000000000000000000000000000000000000000	2000	A		2000	20.000						***************************************			*	ì	 ź	1						1 Common Page			
	 The second second						•					 		 	 	ì		 						 						Ċ	No.	L			

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.

Signature of Authorized Person

-Gabriel Lameiro, member

Print or Type Name of Authorized Person