



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. 135762		2. Exact name of the limited liability company 2240 South County Trail, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Development, Acquisition, Construction & Ownership & sale or lease of real estate			
5. Principal office address 2240 South County Trail, Suite 7		City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Shorlin			Contact Title Manager		
Street Address 2240 South County Trail, Suite 7		City East Greenwich	State RI	Zip 02818	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Mark Shorlin			Manager Name		
Street Address 2240 South County Trail, Suite 7			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.					

**FILED**

NOV 13 2015

BY 2850

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.

Mark Shorlin 11/15  
 Signature of Authorized Person Date

Mark Shorlin  
 Print or Type Name of Authorized Person