

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

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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.

961 Manton Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Joseph Aloisio Contact Title Member City Providence City Providence RI Zip 02909 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB Manager Name Manager Name Manager Name Street Address	Real Estate Management 5. Principal office address 961 Manton Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERS Contact Name Joseph Aloisio Street Address 961 Manton Avenue City Providence 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF API ("X" BOX FOR ATTACHMENT) Manager Name Street Address Street Address Street Address Street Address	State RI SON:	02909
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10/25/15 Date

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, impluding any accompanying schedules and statements, and that all statements contained herein are true and correct. 10/25 Signature of Authorized Person Date
	Print or Type Name of Authority of B

Form No. 632 Revised: 01/2012