

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. 99073		ne of the limited liabilit infield Street Rea												
3. State of Formation	4. Brief desc Real Est	•	of business conducted in Rhode Island											
5. Principal office address 1405 Plainfield St			City Johnston	State RI	Zip 02919									
6. MAILING ADDRESS (OF LIMITED LIABILIT	Y COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:										
Contact Name Michael DiChiro, J	r.,Esq.		Contact Title Member											
Street Address 1405 Plainfield Str	eet		City Johnston											
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS									
Manager Name Michael DiChiro, J	r.,Esq.		Мападег Name											
Street Address 1405 Plainfield Str	eet		Street Address											
City Johnston	State RI	Zip 02919	City	State	Zip									
Manager Name		•	Manager Name	<u> </u>										
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City	State	Zip	City	State	Zip									
8. RESIDENT AGENT IN	RHODE ISLAND			godene er er er er										
This information is curr	ently of record in th	e Office of the Secret	ary of State. Changes require	filing 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

Date

Signature of Authorized Person

Michael DiChiro, Jr., Esq.

Print or Type Name of Authorized Person