

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.	2. Exact nan	ne of the limited liabilit	y company				
100104	PECK ROCK REALTY, LLC						
123134				W			
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
	Real Estate Rentals						
Rhode Island							
5. Principal office address			City	State	Zip		
12 Peck Avenue			Bristol	RI	02809		
6. MAILING ADDRESS OF LIMIT	ED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTAC	T PERSON:			
Contact Name	tact Name			Contact Title			
Richard J. Pimenta			Manager				
Street Address	eet Address		City	State	Zip		
12 Peck Avenue			Bristol	RI	02809		
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT		RESSES) OF THE LI	MITED LIABILITY COMPAN	Y, IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Richard J. Pimenta							
Street Address			Street Address				
12 Peck Avenue							
City	State	Zip	City	State	Zip		
Bristol	RI	02809					
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 Secret	ary of State. Changes requi	re filing Form 642.			

File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedulard that all statements contained herein are true.	iles and statements,
Check No	NOW 4 & SOME	MANAGER	11/1/2015
ву:	NOV 1 6 2015	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY BY	18454	Richard J. Pimenta, Manager Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012