

## 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.

| 1. Entity ID No.  | 2. Exact name o  | f the limited liability con      | npany   | ·                                       | ••                     |                         |
|---|--|----------------------------------|---|---|------------------------|-------------------------|
| 995231  | House For the community, LLC   |                                  |   |   |                        |                         |
| 3. State of Formation                                       | Brief description of the character of business conducted in Rhode Island   |                                  |   |   |                        |                         |
| R.I.  | Rent   |                                  |   |   |                        |                         |
| 5. Principal office address                                 |  |                                  | City  | State                                   | Zip                    |                         |
| 663 CHAVIES   | <u>st.</u>   |                                  | Providence  | $\perp \mathcal{R} \cdot \mathcal{I}$   | 059                    | 08                      |
|   | TED LIABILITY C  | OMPANY AND NAME                  | OR TITLE OF CONTACT PERSOI  | V.                                      | 15057                  |                         |
| Contact Name  | mad.   | Contact Title                    |   |   |                        |                         |
|   | cebo   | manager owner                    |   |   |                        |                         |
| Street Address 120 Vandewater St.                           |  |                                  | City  | State                                   | Zip                    |                         |
|   |  |                                  | Prou  | $\mathcal{I} \cdot \mathcal{I}$         |                        | 108                     |
| 7. LIST <u>ALL</u> MANAGERS (NAM<br>("X" BOX FOR ATTACHMENT | ES AND ADDRES  | SSES) OF THE LIMITE              | D LIABILITY COMPANY, IF APPL  | ICABLE - <u>DO NO</u>                   | r List Me              | MBERS                   |
| Manager Name  |  |                                  | Manager Name  |   |                        |                         |
| Street Address  |  |                                  | Street Address  |   |                        |                         |
| City  | State  | Zip                              | City  | State                                   | Zip                    |                         |
| Manager Name  |  |                                  | Manager Name  |   |                        |                         |
| Street Address  |  |                                  | Street Address  |   |                        |                         |
| City  | State  | Zip                              | City  | State                                   | Zip                    |                         |
| 8. RESIDENT AGENT IN RHODE                                  |  | <u> </u>                         | 4   | 1 | <u> </u>               |                         |
| This information is currently of                            | record in the Off  | ice of the Secretary of          | f State. Changes require filing Fo  | orm 642.                                | ,1CD                   |                         |
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| File Date   | Section 4 Property and the section of the section o |                                  | Under penalty of periory, I de<br>this report, including any ac<br>and that all statements cont | eclare and affirm t                     | hat I have dules and s | examined<br>statements, |
| Check No  |  |                                  | und that an statements Com  | miled fierein are tr                    | ue and cor             | iect.                   |
| Dur   |  |                                  | Signature of Authorized Person  |   |                        | Date - (                |
| By:   | • • • •  | Viginalare of AdditionZed/Person | ır  |   | Date                   |                         |
| FOR SECRETARY OF STATE (                                    | JSE ONLY   | Print or Type Name of Authoriz   | ed Person   |   | <del></del>            |                         |

Form No. 632 Revised: 01/2012