

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 Evact name of	the limited liability com			
8 18 6 3 4 Ocean State Realty Group, LLC 3. State of Formation 4. Brief description of the character of business conducted in Rhode Island					
·					
Rhode Island Real Estate Sales and Development					
5. Principal office address 250 Metro Contor-Blvd			City	State	Zip CSC/
6. MAILING ADDRESS OF LIMI	TED LIABILITY CO	MPANY AND NAME (DR TITLE OF CONTACT PERSON	1 1/1	02886
Contact _i Name			Contact Title		
John Malheorn			Member		
200 Metro Center Blvd.			Warnick	State	Zip 2886
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMEN	IES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPL	CABLE - DO NOT	LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	77:-
			only	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
			0.10017.001000		
City	State	Zip	City	State	Zip
8 RESIDENT AGENT IN BHODE	LISI AND				20
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.					
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File Date FOR SECRETARY OF STATE USE ONL

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.

Signature of Authorized Person

Date

Mulhearn Print or Type Name of Authorized Person