

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. 140194		on Properties, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	Rental p	Rental property					
5. Principal office address 66 Prospect Hill Street			City Newport	State RI	Zip 02840		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Lindsey Smith Hill			Contact Title Owner				
treet Address 65 Prospect Street			City Newport	State RI	Zip 02840		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) [DRESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes requir	e filing Form 642.			
			-	-	1-1-01		

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Check No			
Ву:			
FOR SECRETARY	OF STATE USE	ON	LÝ

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

Lindsey Smith Hill

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012