

## 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.

3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island Real estate and other investments  5. Principal office address 454 Broadway  6. Principal office address 454 Broadway  6. Providence Ri  7. City Providence Ri  7. Contact Title  7. List ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City State Zip Manager Name  Street Address  City State Zip City State Zip State Zip Manager Name  Street Address  City State Zip City State Zip State Zip Anager Name	1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company Stadium Investments, LLC						
Real estate and other investments  5. Principal office address 454 Broadway  6. Principal office address 454 Broadway  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Domenic J. Carcieri  Street Address 454 Broadway  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE  ("X"BDX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  O2909  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE  ("X"BDX FOR ATTACHMENT)  Manager Name  Street Address  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  Ri O2909  7. LIST MEMBE  Zip  Manager Name  Street Address	159818	Stadiun							
Rhode Island  Real estate and other investments  City Providence RI Zip 02909  MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Domenic J. Carcieri  Street Address 454 Broadway  City Providence RI Zip 02909  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS (NAMES AND ADDRESSES)  Manager Name  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip  City State Zip  Manager Name  Street Address	3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Real estate and other investments						
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454 Broadway  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  Manager Name  Street Address  City  State  Zip	Contact Name								
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City State Zip City State Zip  Manager Name Manager Name  Street Address  Street Address  City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name					
Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  State  Zip	Street Address			Street Address					
Street Address  City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip			
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B. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address					
B. RESIDENT AGENT IN RHODE ISLAND	City	100-4-							
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This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curren	tly of record in the	e Office of the Secr	retary of State. Changes require fi	ling Form 642.				

File Date  Check No  By:  FOR SECRETARY OF STATE USE ONLY	FILED NOV 25 2015 分りろう	Under penalty of perjury, I declare and affir this report, including any accompanying so and that all statements contained herein are agriculture of Authorized Person  Domenic J. Carcieri	chedules and statements.
in die Germanne Germanische der Alexander der Germanische der		Print or Type Name of Authorized Person	<del></del>

Form No. 632 Revised: 01/2012