

## 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 name of the limited liability company					
160882	350 Real	356 Realty, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	Real Estate Holding Company					
5. Principal office address 356 East Avenue			City Pawtucket	State RI	Zip <b>02860</b>		
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OF A THE COLOR ON A CIAL	PERSON:	Bulla ameny (filegue a aguyr 26, 22)		
Contact Name John M. Simoes			Contact Title Member				
Street Address 356 East Avenue			City Pawtucket	State RI	Zip <b>02860</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE- <u>Do</u>	NOT LIST MEMBERS		
Manager Name NONE			Manager Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name NONE		Manager Name NONE					
Street Address	. , ,		Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	itly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.			

FILED C NOV 25 2015 BY\_0m24/983

File C	ate			
Chec	k No_		145	digina sa sa Spenica sa kaca
By:			Time Ma	
FOR	SECRI	ETARY C	F STATE	USE ONLY

Form No. 632 Revised: 01/2012

	 N	
Under penalty of perjury, I declare and affit this report, including any accompanying s and that all statements contained herein a	rm that I have chedules and re true and co	l statements,
Signature of Authorized Person		Date

John M. Simoes, Member

Print or Type Name of Authorized Person