

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. 529248		Exact name of the limited liability company Howie Dewin Group, LLC				
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate				
5. Principal office address 86 Rustic Acres Drive			City Chepachet	State RI	Zip 02814	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name James D. Mancini			Contact Title Member			
Street Address 86 Rustic Acres Drive			City Chepachet	State RI	Zip 02814	
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
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				100 m to 1 m and 1 m and 2 m a		
This information is curre	ently of record in the	e Office of the Sec	retary of State. Changes require	filing Form 642.		

FILED

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BY	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements,
File Date Check No	and that all statements contained herein are true and correct.
	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012