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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		
792304	**125 Pleasant View Avenue, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	**Real Estate Rental**		
5. Principal office address	City	State	Zip
357 Putnam Pike	**Smithfield**	**RI**	**02917**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Joseph Passaretti, CPA Inc.	**CPA**		
Street Address	City	State	Zip
357 Putnam Pike	**Smithfield**	**RI**	**02917**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Kevin Connaughton			**James Christopher Connaughton**		
Street Address			Street Address		
34 Stone Ridge Road			**18919 Honey Mesquite**		
City	State	Zip	City	State	Zip
No. Attleboro	**MA**	**02760**	**SanAntonio**	**TX**	**78258**
Manager Name			Manager Name		
Susan Gabrielsen					
Street Address			Street Address		
111 Scenic Drive West					
City	State	Zip	City	State	Zip
Croton	**NY**	**10520**			

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.

2015 DEC 21 AM 11:34

FILED
DEC 21 2015
CR263744

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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

John Kevin Connaughton
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

129718-1-1085627