

## 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.

North Smithfield   State   Zip   City   State   Zip	Entity ID No.	2. Exact na	2. Exact name of the limited liability company					
Rhode Island  Ownership, sale, purchase and rental of real estate and related purposes  5. Principal office address 258 Greenville Road  8. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Gina Gauvin  Street Address 258 Greenville Road  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS:  ("X" BOX FOR ATTACHMENT)   Manager Name	001018654	Castleb	urn, LLC					
Rhode Island  Ownership, sale, purchase and rental of real estate and related purposes  5. Principal office address	3. State of Formation	4. Brief des						
258 Greenville Road  Morth Smithfield  Member  Contact Name Gina Gauvin  Street Address  258 Greenville Road  City North Smithfield  RI  City North Smithfie	Rhode Island							
Contact Title Member  Street Address 258 Greenville Road  City North Smithfield Ri  Zip 02891  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  Street Address  City State Zip City State Zip Manager Name  Street Address  Street Address  Street Address  City State Zip  Manager Name  Street Address				North Smithfield	RI			
Gina Gauvin  Street Address 258 Greenville Road  City North Smithfield Ri  02891  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  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip	6, MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT PER	SON	pp. 150 care made of high produced to the		
258 Greenville Road  North Smithfield RI  02891  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  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  Street Address  Street Address  Street Address	Contact Name							
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City State Zip City State Zip  Manager Name Manager Name  Street Address  City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	ua destinatamente materialista (h. 1921). Su estinatamente en 1921		ur garagystyl i i i illendur <u>I</u>	Manager Name				
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Street Address  Street Address  City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip		
City State Zip City State Zip  B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name				
D. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	Dity	State	Zip	City	State	Zip		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642								
	This information is current	tly of record in the	Office of the Secr	etary of State. Changes require filing	Form 642.	BELLEVI SEMPER CORRESPONDE SERVER		

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File Date	this report, including any accompanying so	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.		
Check No	July Allano	11-17-15		
By:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY	Gina M. Gauvin			
	Print or Type Name of Authorized Person	·		

Form No. 632 Revised: 01/2012