



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. <u>000789769</u>		2. Exact name of the limited liability company <u>PAWUCKST PROPERTIES LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE HOLDING</u>			
5. Principal office address <u>237 RAND ST</u>		City <u>CENTRAL FALLS</u>	State <u>R.I.</u> Zip <u>02863</u>		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>FERNANDO FERNANDES</u>		Contact Title <u>MEMBER</u>			
Street Address <u>237 RAND ST</u>		City <u>C. FALLS</u>	State <u>R.I.</u> Zip <u>02863</u>		
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		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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
2016 JAN 11 AM 11:00
SECRETARY OF STATE
CORPORATIONS DIV

FILED

JAN 11 2016

By 264928
A.A.

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.

Fernando Fernandes
Signature of Authorized Person Date

FERNANDO FERNANDES
Print or Type Name of Authorized Person