



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 161272		2. Exact name of the limited liability company Melrose, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING OR OTHERWISE DEALING IN REAL PROPERTY			
5. Principal office address 931 Jefferson Blvd., Suite 2004			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jonathan V. Kalander			Contact Title Attorney		
Street Address 931 Jefferson Blvd., Suite 2004			City Warwick	State RI	Zip 02886
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Jonathan V. Kalander			Manager Name		
Street Address 931 Jefferson Blvd., Suite 2004			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Jonathan V. Kalander			Address		
Address 931 Jefferson Blvd., Suite 2004			City Warwick	Zip 02886	

FILED

JAN 12 2016

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY Jonathan V. Kalander 265046

161272

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JAN 12 AM 10:10

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

Jonathan V. Kalander

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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