



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 **2010**

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. 000107408		2. Exact name of the limited liability company Tarigo Properties, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island PURCHASE, SELL, MANAGE AND OTHERWISE DEAL WITH REAL ESTATE AND OTHER PROPERTY AND INVESTMENTS.			
5. Principal office address 599 THAMES STREET		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GREGORY F. FATER			Contact Title		
Street Address 55 MEMORIAL BLVD		City NEWPORT	State RI	Zip 02840	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name TRACY A. TARIGO BACH-SORENSEN			Manager Name		
Street Address 599 THAMES STREET			Street Address		
City NEWPORT	State RI	Zip 02840	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.					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN 13 PM 12:00

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JAN 13 2016

BY M 265170
12:01

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.

Tracy Bach Sorensen 1/13/16
 Signature of Authorized Person Date

TRACY BACH SORENSEN
 Print or Type Name of Authorized Person