



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>791672</u>		2. Exact name of the limited liability company <u>Majestic Properties, LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Was going to be for properties No business conducted</u>	
5. Principal office address <u>867 Social Street</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
Contact Name <u>Shari Chauvin</u>		Contact Title <u>Manager</u>	
Street Address <u>867 Social St</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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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A.A.

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By: _____
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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.

Shari Chauvin
Signature of Authorized Person

1/20/2016
Date

Shari Chauvin
Print or Type Name of Authorized Person