



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>000834594</u>		2. Exact name of the limited liability company <u>First Netcom LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>real estate</u>	
5. Principal office address <u>48 Borden Ln</u>		City <u>Warren</u>	State <u>RI</u> Zip <u>02885</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <u>Marie Securini</u>		Contact Title <u>member</u>	
Street Address <u>48 Borden Ln</u>		City <u>Warren</u>	State <u>RI</u> Zip <u>02885</u>
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 <u>Marie Securini</u>		Manager Name	
Street Address <u>48 Borden Ln</u>		Street Address	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 FEB - 2 PM 2:28

FILED

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By

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A.A.

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

Daniel Securini

Print or Type Name of Authorized Person

Date

2/2/16

File Date

Check No

By

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