

## 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

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## 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. 486723		2. Exact name of the limited liability company Doc Properties, LLC				
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Property Management				
5. Principal office address 667 Academy Avenue			City Providence	State RI	Zip <b>02904</b>	
	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name  Dennis J. Lanni			Contact Title Member			
Street Address 667 Academy Avenue			City Providence	State <b>RI</b>	Zip <b>02904</b>	
7. LIST <u>ALL</u> MANAGER! ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT) [	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
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	
3. RESIDENT AGENT IN This information is curre		e Office of the Secr	etary of State. Changes require f	iling Form 642.		

FILED

FEB 0 5 2016 BY 15 L 2468

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	and that all statements contained herein are true and correct.		
By: FOR SECRETARY OF STATE USE ONLY	Signature of Authori <del>zed Pers</del> on /Date / Date		
FOR SECRETARION STATE USE UNLT	Pfint or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012