

## 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. 114142	2. Exact name of the limited liability company Planway Properties, LLC					
3. State of Formation  Rhode Island	1	Brief description of the character of business conducted in Rhode Island     Real Estate Holding Comnpany				
5. Principal office address 33 Planway, Unit 8			City <b>Warwick</b>	State RI	Zip <b>02886</b>	
6. MAILING ADDRESS OF L	IMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:		
ontact Name Howard Watson			Contact Title  Trustee-Donald E. Watson Revocable Trust-Member			
Street Address 33 Planway, Unit 8	***************************************		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		PRESSES) OF THE	LIMITED LIABILITY COMPAN	IY, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
anager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND	<u>I</u> .		I		
This information is currently	y of record in th	e Office of the Seci	etary of State. Changes requ	ire filing Form 642.		

	FILED				
File Date	FEB 1 2 20	16			
Check No M	4544	1431			
BA: RA		<del></del>			
FOR SECRETAR	Y OF STATE US	SE 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.

Signature of Authorized Person

Date

**Howard Watson-Trustee** 

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012