

## 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.

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1. Entity ID No.	2. Exact nam	e of the limited liability co	ompany			
787940		Adam and Alex LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Resid	dential Real	Estate lental City Aur. Cranston	s for IZO	LC	
5. Principal office address Cla Anthony w. Colone Century Plaza, Suite & 1140 Reservan			City	State	Zip	
Century Plaza,					02920	
6. MAILING ADDRESS OF LI	MITED LIABİLIT	Y COMPANY AND NAMI		PERSON:		
Contact Name	1 .		Contact Title			
Street Address Clo Anthony w. Colone Century Picza. Suita & 1140 Zecenvoir			Member State Zip			
Called Address Clo 14 MAN 2 W. Cotone			City	State	62920	
7. LIST ALL MANAGERS (NA	WECAND ADD	DECCEO OF THE LIMIT	ED HADILITY COMPANY	E ADDI ICADI E BOA		
("X" BOX FOR ATTACHME		NESSES) OF THE LIMIT	ED LIABILITY COMPANY,	IF APPLICABLE - UO N	OI LIST MEMBERS	
Manager Name			Manager Name	**************************************		
Martin Kors	ŝin.					
43 Summit Street			Street Address			
City	State	Zip /0 9 6 0	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address		100 mg (100 mg) 100 mg (100 mg)	
City	State	Zip	City	State	Zip:	
8. RESIDENT AGENT IN RHO	DE ISLAND	· · ·			C	
This information is currently	of record in the	Office of the Secretary	of State. Changes require	filing Form 642.	,	
					SECRETARY OF STATE CORPORATIONS DIV	
File Date			this report, including		m that I have examined chedules and statements e true and sorrect.	
Check No	<del></del>		th		12/23/2013	
Ву:	FILE	D	Signature of Authorize	•	Date	
FOR SECRETARY OF STATE			Hartink	0120		
			Print or Type Name of Authorized Percen			

Form No. 632 Revised: 01/2012

By & 267862

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