

## 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.

S Easter ID No.	2 Event ser	no of the limited lightlifty or	omnany			
1. Entity ID No.		2. Exact name of the limited liability company				
886627	627 Property Masters, LLC					
3. State of Formation		ription of the character of	_			
RI				e4/ 85 t9+e		
		ve B1-42			Zip 87911	
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND NAM		ACT PERSON:	yn edfor carpointo	
Contact Name Gary M	1 Mann	ins		nev		
Street Address 2/60 Mineral	Spring	Ave BI-UZ	No Provi	dence KI	025/1	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHME	AMES AND ADD	RESSES) OF THE LIMIT	医心理学学 医乳腺素	NY IFAPPLICABLE - DO N	OT 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	
8. RESIDENT AGENT IN RHO	DEISLAND		district the second of the sec			
This information is currently	of record in the	Office of the Secretary	of State, Changes re	quire filing Form 642.		
					A SERVICE	
					F RAC	
					<b>→</b> 3<-	
FILED					3 8 m	
MAD 1 4 2010					S PA	
MAR <b>14</b> 2016					26 VE	
By 2699	8					
	KM					
File Date			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

Print of Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ON