



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. 799958		2. Exact name of the limited liability company SE Property Management, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REO Field Services, Home Watch, home services such as staging for resale or downsizing, curb appeal upgrades			
5. Principal office address 225 Promenade Street, Unit 210		City Providence		State RI	Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Emily Barry		Contact Title Manager			
Street Address 225 Promenade Street, Unit 210		City Providence		State RI	Zip 02908
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 Emily Barry		Manager Name			
Street Address 225 Promenade Street, Unit 210		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					

FILED

MAY 09 2016

BY

4327/3749

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.

Emily Barry
Signature of Authorized Person

10/5/2015
Date

Emily Barry

Print or Type Name of Authorized Person

File Date

Check No

By:

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