



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

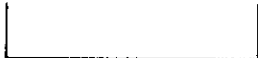
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Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.



1. Entity ID Number		2. Exact name of the Limited Liability Company			
795719		Transitional Housing Services LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		Own and rent property			
5. Principal Office Address			City	State	Zip
263 Washington St			West Warwick	RI	02893
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Jason Aragon			Member		
Street Address			City	State	Zip
263 Washington St			West Warwick	RI	02893
7. List ALL managers (names and addresses) 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
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Jason Aragon				5/9/16	
Signature of Authorized Person				SIGN DOCUMENT HERE	

FILED

MAY 10 2016

BY CU 273910