

## 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. <b>747954</b>	2. Exact na Eastern	2. Exact name of the limited liability company Eastern Region Associates, LLC				
3. State of Formation	4. Brief des Consulti	Brief description of the character of business conducted in Rhode Island     Consulting				
5. Principal office address 6 Chaces Lane			City Central Falls	State RI	Zip <b>02863</b>	
6. MAILING ADDRESS OF L	MITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:		
Contact Name Keith S. Venditelli			Contact Title Authorized Representative			
Street Address 6 Chaces Lane			City Central Falls	State <b>RI</b>	Zip <b>02863</b>	
7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHME	AMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DQ</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Strant Address			
City	C+~+-	7in	Citv	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	<b>4</b> 36 C	
8. RESIDENT AGENT IN RHO				······································	S ZZM	
This information is currently	of record in the	e Office of the Secr	etary of State. Changes require fi	Ing Form 642.	<b>,</b> 00-2	
FILED MAY 2 5 2016					OF STATE ON SOLV	
		By 205	153 1.11:54 A.N	^ .		
File Date			Under penalty of perju this report, including a and that all statement	ry, I declare and affiny accompanying society of the contained herein a	irm that I have examined schedules and statements, fe true and correct.	
Ву:			Signature of Authorized  Keith S. Venditelli		Date	
FOR SECRETARY OF STAT	E USE ONLY			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012