



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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			
120143		Trailside Mini Storage, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Providing Storage Rental Units to the General Public			
5. Principal Office Address		City	State	Zip	
55 Amaral Street		East Providence	RI	02915	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Dorothy M. Cunha			Contact Title Manager		
Street Address 239 Martin Street		City East Providence	State RI	Zip 02914	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Dorothy M. Cunha			Manager Name		
Street Address 239 Martin Street			Street Address		
City East Providence	State RI	Zip 02914	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 Dorothy M. Cunha				Date 5/24/16	
Signature of Authorized Person <i>Dorothy M. Cunha</i>				SIGN DOCUMENT	

FILED

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