

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.	2. Exact na	me of the limited liab	2. Exact name of the limited liability company				
114664	Bianca I	Bianca Properties, L.L.C.					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island		Real Estate					
5. Principal office address 2 Warren Avenue			City North Providence	State RI	Zip 02911		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PERS	ON:			
Contact Name Raymond DiPippo			Contact Title Member				
Street Address 839 Hartford Pike			City Scituate	State RI	Zip 02857		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - 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		
8. RESIDENT AGENT IN RI	HODE ISLAND		<u> </u>				
This information is current	lly of record in the	e Office of the Secr	retary of State. Changes require filing	Form 642.			
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JUN 0 8 2016

1181 ns Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements opntained parein are true and correct. File Date Check No Signature of Authorized Person Date Raymond DiPippo FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012