

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. 000087849	2 Exact na Peeptoa	2. Exact name of the limited liability company Peeptoad Road Associates, LLC			216 SEC
3. State of Formation Rhode Island	4. Brief des Real est	cription of the characte ate	of business conducted in Rhode Island		-1 200
5. Principal office address 56 Peeptoad Road			City North Scituate	State Ri	02857 SS
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:	 43
Contact Name Frank A. Martinelli			Contact Title Nanager		
Street Address 56 Peeptoad Road			City North Scituate	State RI	Zip 02857
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		DRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Frank A. Martinelli			Manager Name		
Street Address 56 Peeptoad Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHC	DE ISLAND				
This information is currently	of record in th	e Office of the Secret	ary of State. Changes require fili	ing Form 642.	· · · · · · · · · · · · · · · · · · ·

File Date FILED	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.
By: JUL 0 7 2016	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Michael S. Marino, Esq., Resident Agent Print or Type Name of Authorized Person
$\sim M$	Find or Type Ivame of Authorized Ferson

Form No. 632 Revised: 01/2012