



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000795328

2. Exact Name of the Limited Liability Company Rockledge LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO ACQUIRE, DEVELOP, LEASE, MANAGE, DEAL, HOLD FOR INVESTMENT AND SALE,
OR OTHERWISE DISPOSE OF REAL OR
PERSONAL PROPERTY OR OTHER PROPERTY; TO ENGAGE IN ANY AND ALL
ACTIVITIES RELATED OR INCIDENTAL THERETO;
AND TO TRANSACT OR ENGAGE IN ANY OTHER BUSINESS OR ACTIVITY PERMITTED
UNDER THE RHODE ISLAND LIMITED
LIABILITY COMPANY ACT.

5. Principal Office Address

No. and Street: 328 HIGH ST
PO BOX 27

City or Town: BRISTOL

State: RI

Zip: 02809-0027

Country: US

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: STEHEN DELEO Contact Title: MEMBER

No. and Street: 328 HIGH ST
PO BOX 27

City or Town: BRISTOL

State: RI

Zip: 02809-0027

Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEPHEN A. DELEO	203 INDIAN AVENUE MIDDLETOWN, RI 02842 USA
MANAGER	BERTA M RAPOSO	546 METACOM AV BRISTOL, RI 02809 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

HOLLY C. JANNEY 65 NARRAGANSETT AVENUE JAMESTOWN , RI 02835

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2016 at 4:46:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STEPHEN A. DELEO
Signature of Authorized Person

Form No. 632
Revised 09/07

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