State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year:  Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.	• •

1. Entity ID Number 866199	2. Exact name of the Limited Liability Company  CAMDEN ASSOCIATES, LLC						
3. NAICS Code 53 - Real Estate and Rental and	Brief description of the character of business conducted in Rhode Island     REAL ESTATE						
5. State of Formation RHODE ISLAND			-				
6. Principal Office Address 18 JUDSON ROAD			City FAIRFIELD	State CT	Zip 06824		
7. Mailing Address of Limited Liab	bility Company	and Name or Tit					
Contact Name JOHN K TOAL				Contact Title MEMBER			
Street Address 18 JUDSON ROAD			City FAIRFIELD	State CT	<sup>Zip</sup> 06824		
8. List ALL managers (names and	d addresses) o	f the Limited Lial	pility Company, IF APPLICAF	BLE - DO NOT LIST N	/IEMBERS		
Manager Name JOHN K TOAL	Ager Name JOHN K TOAL Manager Name						
Street Address 18 JUDSON ROAD		Street Address	Street Address				
City FAIRFIELD	State CT	<sup>Zip</sup> 06824	City	State	Zip		
Manager Name		•	Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	Check the box to indicate an attachment						
Resident Agent in Rhode Island	J. This information	n is currently of rec	cord with the Department of Stat	te. Changes require filing	Form 642		
Under penalty of perjury, I decla statements, and that all stateme	are and affirm 1	that I have exam	nined this report including	g any accompanying	schedules and		
Name of Authorized Person				Date			
JOHN K TOAL					9/18/2016		
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

