



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

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2016 OCT -3 PM 12: 30

Annual Report for the year: 2015
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 100244		2. Exact name of the Limited Liability Company Merchant Managers <i>uc</i>			
3. NAICS Code 53 - Real Estate and Rental and		4. Brief description of the character of business conducted in Rhode Island Real estate management.			
5. State of Formation Rhode Island					
6. Principal Office Address 15 Dixon St		City Westerly		State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael E. Kerst			Contact Title Manager		
Street Address 84 Ocean View Ave		City Mystic		State CT	Zip 06355
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael E. Kerst			Manager Name Christopher M. D'Angelo		
Street Address 84 Ocean View Ave			Street Address 36 Tom Wheeler Rd		
City Mystic	State CT	Zip 06355	City North Stonington	State CT	Zip 06359
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with 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 Michael E. Kerst				Date 9/26/2016	
Signature of Authorized Person <i>[Signature]</i>					

FILED

12:32

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 3, 2016

BY *uc* **284993**