



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

Annual Report for the year: 2016  
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 <u>791923</u>		2. Exact name of the Limited Liability Company <u>FISCHER CIRCLE, LLC</u>			
3. NAICS Code <u>53</u>		4. Brief description of the character of business conducted in Rhode Island <u>PERSONAL REAL ESTATE HOLDINGS</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>282 FISCHER CIRCLE</u>		City <u>PONTSMOUTH</u>		State <u>RI</u>	Zip <u>02871</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>MICHAEL J. FAGAN</u>			Contact Title <u>MANAGER</u>		
Street Address <u>282 FISCHER CIRCLE</u>			City <u>PONTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>MICHAEL J. FAGAN</u>			Manager Name		
Street Address <u>282 FISCHER CIRCLE</u>			Street Address		
City <u>PONTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>MICHAEL J. FAGAN</u>				Date <u>10-10-16</u>	
Signature of Authorized Person <u>Michael J. Fagan</u>				SIGN DOCUMENT HERE	

FILED

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

OCT 14 2016

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