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
 2. Exact name of the Limited Liability Company
 SPRING GROVE INVESTMENTS LLC
 3. NAICS Code
 4. Brief description of the character of business conducted in Rhode Island
 REAL ESTATE DEVELOPMENT

RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
1 THURBER BLVD STE D			SMITHFIELD	RI	02917	
7. Mailing Address of Lim	ited Liability Compar	ny and Name or Ti	tle of Contact Person	<u> </u>		
Contact Name MARY LOU FERRI			Contact Title MANAGER			
Street Address 1 THURBER BLVD STE D			City SMITHFIELD	State RI	^{Zip} 02917	
8. List ALL managers (na	mes and addresses)	of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name MARY LOU FERRI			Manager Name			
Street Address 1 THURBER BLVD STE D			Street Address			
City SMITHFIELD	State RI	^{Zip} 02917	City	State	Zip	
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

Date

MARY LOU FERRI

9/26/16

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 OCT 14 205