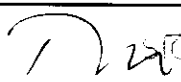




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 951354		2. Exact name of the Limited Liability Company SPRING CREEK, LLC					
3. NAICS Code 81 - Other Services (except Pub		4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation RI							
6. Principal Office Address 122 TOURO STREET				City NEWPORT		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name TURNER C. SCOTT				Contact Title			
Street Address 122 TOURO STREET				City NEWPORT		State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Turner C Scott				Manager Name			
Street Address 122 TOURO ST				Street Address			
City Newport	State RI	Zip 02840	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 10/4/16	
Signature of Authorized Person 						DO NOT 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

FILED 

OCT 19 2016

BY 34751