RI SOS Filing Number: 201610641700 Date: 10/19/2016 4:00 PM

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		
951354	**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 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 34757

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FORM 632 - Revised: 08/2016