STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **769035**	2. Exact name of the limited liability company **Rumford Holdings, LLC**		
3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Real Property Management**		
5. Principal office address **1150 Pawtucket Avenue**	City **East Providence**	State **RI**	Zip **02916**
6. NAME, ADDRESS AND TITLE OF CONTACT PERSON			
Contact Name **David T. Bray**	Contact Title **Member**		
Street Address **1150 Pawtucket Avenue**	City **East Providence**	State **RI**	Zip **02916**
7. MANAGERS' NAMES AND ADDRESSES (If the LIMITED LIABILITY COMPANY is applicable. DO NOT LIST MEMBERS OR AUTHORIZED PERSONS.) ☐			
Manager Name **None**	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

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By

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.

David T. Bray 10.19.16
Signature of Authorized Person Date

David T. Bray
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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