



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<br><b>103045</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>Merlino Investment Co., LLC</b>               |                              |                        |                                  |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate.</b> |                              |                        |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                    |                              |                        |                                  |
| 6. Principal Office Address<br><b>15 Mallard Cove Way</b>                                                                                                                                                   |                 | City<br><b>Barrington</b>                                                                          |                              | State<br><b>RI</b>     | Zip<br><b>02806</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                    |                              |                        |                                  |
| Contact Name <b>Anne E. Merlino</b>                                                                                                                                                                         |                 |                                                                                                    | Contact Title <b>Manager</b> |                        |                                  |
| Street Address <b>15 Mallard Cove Way</b>                                                                                                                                                                   |                 |                                                                                                    | City <b>Barrington</b>       |                        | State <b>RI</b> Zip <b>02806</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                    |                              |                        |                                  |
| Manager Name <b>Anne Merlino</b>                                                                                                                                                                            |                 |                                                                                                    | Manager Name                 |                        |                                  |
| Street Address <b>15 Mallard Cove Way</b>                                                                                                                                                                   |                 |                                                                                                    | Street Address               |                        |                                  |
| City <b>Barrington</b>                                                                                                                                                                                      | State <b>RI</b> | Zip <b>02806</b>                                                                                   | 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.                                                                   |                 |                                                                                                    |                              |                        |                                  |
| <b>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.</b> |                 |                                                                                                    |                              |                        |                                  |
| Name of Authorized Person<br><b>Anne E. Merlino</b>                                                                                                                                                         |                 |                                                                                                    |                              | Date <b>10/16/2016</b> |                                  |
| Signature of Authorized Person<br><i>Anne E. Merlino</i>                                                                                                                                                    |                 |                                                                                                    |                              |                        |                                  |

**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 24 2016**

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