| 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. | |

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|---|---|---------------------------------------|--|----------------------|----------------------|--|
| 1. Entity ID Number | Exact name of the Limited Liability Company | | | | | |
| 143716 | COUNTRYSIDE PROPERTIES, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 23 - Construction | Construction and any other lawful purpose. | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 154 Dexter Lane | | | Scituate | RI | 02857 | |
| 7. Mailing Address of Limited Lia | bility Company a | and Name or Title | | | | |
| Contact Name Michael Donatelli | | Contact Title Member | | | | |
| Street Address 154 Dexter Lane | | | City Scituate | State RI | Zip 02857 | |
| 8. List ALL managers (names an | d addresses) of | the Limited Liabil | ity Company, IF APPLIC | ABLE - DO NOT LIST M | EMBERS | |
| Manager Name | | | 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 | |
| | | - | | Check the box to inc | dicate 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 decl statements, and that all statem | are and affirm t ents contained | that I have exam herein are true a | ined this report, includ and correct. | ing any accompanying | schedules and | |
| Name of Authorized Person Date | | | | | | |
| Michael Donatelli (2)14/16 | | | | | 1/16 | |
| 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

