

## 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<br><b>1092510</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>Peacock Properties, LLC</b>                  |                    |
| 3. NAICS Code<br><b>53</b> 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>51 Savoy Street</b>                                                                                                                                                |       | City<br><b>Providence</b>                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                      |       | Zip<br><b>02906</b>                                                                               |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                   |                    |
| Contact Name<br><b>Andrew Carlin</b>                                                                                                                                                                 |       | Contact Title                                                                                     |                    |
| Street Address<br><b>51 Savoy Street</b>                                                                                                                                                             |       | City<br><b>Providence</b>                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                      |       | Zip<br><b>02906</b>                                                                               |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                   |                    |
| 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 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.                                                            |       |                                                                                                   |                    |
| 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<br><b>Zachary Mandell</b>                                                                                                                                                  |       | Date<br><b>10/07/16</b>                                                                           |                    |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                                                   |                    |

## MAIL TO:

Division of Business Services

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FILED

OCT 31 2016

By 287284

FORM 027 - Revised 02/10/14