

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.		ne of the limited lia				
156002	Orchard Properties, LLC					
3. State of Formation	4. Brief desc	cription of the chara	acter of business conducted in Rhoo	de Island		
Rhode Island	Real Est	ate				
5. Principal office address 137 Joe Sweet Road			City	State	Zip	
	MATERIA DI IN	74.001477174447	Glocester	RI	02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND COntact Name John P. Baffoni			Contact Title Member			
Street Address 137 Joe Sweet Road			City Glocester	State RI	Zip 02814	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F 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			Ctrack Address	Street Address		
Oncol Madicas			Street Address			
Dity	State	Zip	City	State	Zip	
RESIDENT AGENT IN RHO	ODE ISLAND				Laurence Committee Committ	
		Office of the Sec	retary of State. Changes require	filing Form 642.		
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		N	FILED OV 01 2016 USO			
		By &	480			
File Date			Under penalty of perj	jury/I declare and affi	irm that I have examined schedules and statements re true and correct.	
Check No			and that all statemen	ts/dontained herein a		
By:			fignature of Authorize	d Person	10.23.	
FOR SECRETARY OF STATE USE ONLY			√John P. Baffony,	1		
			Frint or Type Name/o Authorized Person			

Form No. 632 Revised: 01/2012