

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 2015

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.		me of the limited liab ERTIES, LLC	ility company		
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island real estate holding company				
5. Principal office address 21 Canal Street			City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Scott Hallamore			AME OR TITLE OF CONTACT PERSON: Contact Title		
Street Address P.O. Box 1122			City Westerly	State RI	Zip 02891
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADI	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	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
8. RESIDENT AGENT IN RHOD					数据的图像数据等的数据
This information is currently o	f record in the	e Office of the Secr	etary of State. Changes require	Hling Form 642.	

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this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

11-23-16

Signature of Authorized Person

Date

Scott Hallamore

Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined

Form No. 632 Revised: 01/2012

File Date