



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. <b>907968</b>		2. Exact name of the limited liability company <b>Teamwork, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Own and Manage Real Property</b>			
5. Principal office address <b>40 Meadow Road</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON					
Contact Name <b>George Murphy, I</b>		Contact Title <b>Operating Manager</b>			
Street Address <b>40 Meadow Road</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	
7. LIST ALL MANAGERS NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE, DO NOT LIST MEMBERS OF THE BOARD OF MANAGERS)					
Manager Name <b>George Murphy, III</b>		Manager Name			
Street Address <b>Same as above</b>		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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

DEC 08 2016

BY 6526

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

George Murphy III Shane Howe 10/16  
 Signature of Authorized Person Date  
George Murphy III Shane Howe  
 Print or Type Name of Authorized Person