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. **907968**	2. Exact name of the limited liability company **Teamwork, LLC**

3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Own and Manage Real Property**

5. Principal office address **40 Meadow Road**	City **Seekonk**	State **MA**	Zip **02771**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name **George Murphy, I**	Contact Title **Operating Manager**		
Street Address **40 Meadow Road**	City **Seekonk**	State **MA**	Zip **02771**

7. LIST AND NUMBERS, NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS (EX: 230) YOU OF AGREEMENT

Manager Name **George Murphy, III**	Manager Name		
Street Address **Same as above**	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 0 8 2016

BY _65266_
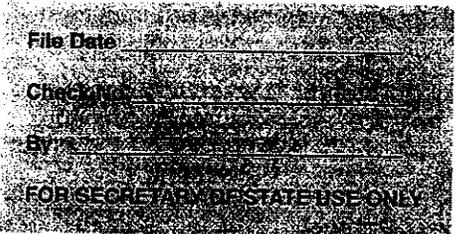
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Checked	
BY	Signature of Authorized Person Date _10-1-16_
FOR SECRETARY OF STATE USE ONLY	George Murphy Shane Howe
	Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012