State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000312853

2. Exact Name of the Limited Liability Company ROCKLAND TRUST COMMUNITY DEVELOPMENT LLC

3. State of Formation

State: MA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 52

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PRINCIPLE BUSINESS ACTIVITY AND PURPOSE OF THE LLC SHALL BE TO PROVIDE INVESTMENT CAPITAL FOR AND OTHERWISE SERVE LOW-INCOME COMMUNITIES OR LOW-INCOME PERSONS IN THE COMMONWEALTH OF MASSACHUSETTS. WITH A PARTICULAR EMPHASIS ON PROVIDING INVESTMENT CAPITAL FOR AND OTHERWISE SERVING LOW-INCOME COMMUNITIES OR LOW-INCOME PERSONS LOCATED IN MASSACHUSETTS AND RHODE ISLAND

5. Principal Office Address

No. and Street: 288 UNION STREET
City or Town: ROCKLAND State: MA Zip: 02370 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 288 UNION STREET
City or Town: ROCKLAND State: MA Zip: 02370 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ROCKLAND TRUST COMPANY	288 UNION STREET ROCKLAND, MA 02370 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of April, 2017 at 2:36:04 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EDWARD H. SEKSAY
Signature of Authorized Person

Form No. 632
Revised 09/07