



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 119878		2. Exact name of the Limited Liability Company SECOND SCOBCO, LLC	
3. NAICS Code 53 1110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDINGS	
5. State of Formation DELAWARE			
6. Principal Office Address 90 ELM STREET		City PROVIDENCE	State RI
		Zip 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PAUL W. WHYTE		Contact Title	
Street Address 90 ELM STREET		City PROVIDENCE	State RI
		Zip 02903	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name PAULINE C. METCALF		Manager Name FRANK MAURAN IV	
Street Address 90 ELM STREET		Street Address 90 ELM STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person PAULINE C. METCALF		Date 10/13/17	
Signature of Authorized Person <i>Pauline C. Metcalf</i>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**OCT 16 2017**

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