



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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CORPORATIONS DIV  
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Annual Report for the year: 2015  
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<br><u>165314</u>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><u>AARGO, LLC</u>                               |                |                         |                     |
| 3. NAICS Code<br><u>531110</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE</u> |                |                         |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                   |                |                         |                     |
| 6. Principal Office Address<br><u>56 PINE ST. 3<sup>RD</sup> FL</u>                                                                                                                                  |       | City<br><u>PROVIDENCE</u>                                                                         |                | State<br><u>RI</u>      | Zip<br><u>02903</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                   |                |                         |                     |
| Contact Name<br><u>TOM CARTER</u>                                                                                                                                                                    |       |                                                                                                   | Contact Title  |                         |                     |
| Street Address<br><u>56 PINE ST. 3<sup>RD</sup> FL</u>                                                                                                                                               |       | City<br><u>PROVIDENCE</u>                                                                         |                | State<br><u>RI</u>      | Zip<br><u>02903</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO 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                 |
| 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.                                                            |       |                                                                                                   |                |                         |                     |
| 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. |       |                                                                                                   |                |                         |                     |
| Name of Authorized Person<br><u>[Signature]</u>                                                                                                                                                      |       |                                                                                                   |                | Date<br><u>9-4-2018</u> |                     |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                 |       |                                                                                                   |                |                         |                     |

FILED

MAIL TO:  
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