

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.

Entity ID No.	2. Exact na	2. Exact name of the limited liability company					
000070741	Sea Cre	Sea Crest Realty Limited Liability Company					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Deal in a	Deal in and with Real Property					
5. Principal office address 3500 South kanner Highway #67			City Stuart	State FL	Zip 34994		
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTAC	T PERSON:			
Contact Name Mildred C. DuPointe			Contact Title Owner				
Street Address 3500 South Kanner Highway #67			City Stuart	State FL	Zip 34994		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI	NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name Mildred C. DuPointe			Manager Name N/A				
Street Address 3500 South Kanner F	lighway #67	- ,	Street Address				
City Stuart	State FL	Zip 34994	City	State	Zip		
anager Name N/A			Manager Name N/A				
Street Address	eet Address		Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RE	ODE ISLAND						
This information is current	ly of record in the	Office of the Secret	ary of State. Changes requi	re filing Form 642	44 part of the Africa Services (C. 985000)		
							

FILED

OCT 2 0 2015

File Date	BY	Under penalty of perjury, I declare and affirm the this report, including any accompanying sched	nat I have examined Jules and statements
Check No		anothat all statements contained herein are tro	ie and correct.
Ву:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Mildred C. DuPointe	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012