

## 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.

1. Entity ID No.		ne of the limited liabilit					
128931	TERRAN	TERRANOVA REALTY, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	REAL ES	REAL ESTATE					
5. Principal office address PO BOX 1965			City WESTERLY	State RI	Zip <b>02891</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:			
Contact Name SHEILIA T. BEATTIE			Contact Title				
Street Address 236 Post Road			City <b>Westerly</b>	State RI	<sup>Zip</sup> <b>02891</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name STANTON J. TERRANOVA, SR.			Manager Name				
Street Address P.O. Box 1965			Street Address				
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F	RHODE ISLAND						
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require t	filing Form 642.			
				<del></del>			

**FILED**OCT **30** 2015

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	and that all statements contained herein and true	LC 21/6	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	SHEILIA T. BEATTIE		
TON SECRETARY OF STATE USE ONE!	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012