

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20

Filing Period: Séptember 1 - November 1 • Filing Fee: \$50.00

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.

(R.I.G.L. /-10-00 (D&C))	is subject i	to a penaity fee of \$25.00	<i>).</i>				
1. ID No.	2. Exact	name of the limited liability company					
128133	milhau	ıs, lic					
3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhode Islan.	d		
RHODE ISLAND		REAL ESTATE					
5. Principal office address		^		City 1	State	Zip	
27 51	MS.	AVENUE		PROVIDENCE	R1	02909	
6. MAILING ADDRE	ss op li	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	1,52,57	
Contact Name				Contact Title			
Street Address 27 Sims AVENUE				MEMBER			
Street Address		Λ		PROVIDENCE	State	Zip	
14 211	2 M	AVENUE		PROVIDENCE	RI	02909	
				LITY COMPANY, IF APPLICAB	100 mm	OT HET MEMBERS	
	K #- 1	FEL IÑ SPACE	S BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)		
Manager Name		. = 3-2-40-82551, mag	COMMON COMMON TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER	Manager Name			
				-			
Street Address			Street Address				
City		State	Zip	City	State	Zip	
						,	
Manager Name				Manager Name			
Street Address				Street Address			
City	ì	State	Zip	City	State	Zip	
	!	Literatura in in word in State Set	in committee or a first state to a				
8. RESIDENT AGENT Agent Name	IN RHO	ode island - Do n	OT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-1	6-11	
MICHAEL D. AARONSON				Address			
	UN						
Address ACOA RECOAD CYDEET			City		Zip		
1604 BROAD STREET				CRANSTON		02905-	
			· 			······································	

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

		Under penalty of including any acc
		contained herein
File Date	EILED	
		(a)
Check No.	OCI 2/4W	Signature of Author
Ву:	By 1449	0,0
		Clayton
"	OR SECRETARY OF STATE USE ONLY	Print or Type Nam

Under penalty of perjury, I declare and affirm including any accompanying schedules and sta	that I have examined this report, atements, and that all statements.
contained herein are true and correct.	, , , , , , , , , , , , , , , , , , ,
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10	211 07
lighature of Authorized Person	Date
0 ()	
Clayton A. Rockefeller	_
Print or Type Name of Authorized Reman	