RI SOS Filing Number: 200835420260 Date: 09/18/2008 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
99485	HARVAN MANAGEMENT, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE OR TO ENGAGE IN ANY OTHER BUSINESS THAT THE MEMBERS DEEM DESIRABLE

5. Principal office address	City	State	Zip
40 IVY GARDEN WAY	EAST GREENWICH	RI	02818-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
STEPHEN J DIGIANFILIPPO	

Street Address	City	State	Zip
50 PARK ROW WEST SUITE 111	PROVIDENCE	RI	02903-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
John Vanikiotis	40 Ivy Garden Way	East Greenwich	RI	02818

8. RESIDENT AGENT IN RHODE ISLAND *-DO NOT ALTER-* Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111	PROVIDENCE	02903
VIEIRA & DIGIANFILIPPO LTD.			

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*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 99485 [redacted]

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.

John Vanikiotis 9-10-08
Signature of Authorized Person *Date*

John Vanikiotis, Manager
Print or Type Name of Authorized Person

[redacted]

File Date 9-18-08
Check No. 1110
By: mnc
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25899-16-285315

Form 632 Rev. 6/02