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State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***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 2008

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

**THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

| *1. ID No.* | *2. Exact name of the limited liability company* |
|---|---|
| 93175 | 647 OAKLAWN, 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 | To Acquire, Develop, Own, Lease, Mortgage, Operate and Dispose of Real Property |

| *5. Principal office address* | *City* | *State* | *Zip* |
|---|---|---|---|
| 647 Oaklawn Avenue | Cranston | RI | 02920 |

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

| *Contact Name* | *Contact Title* |
|---|---|
| Anthony DiFanti | Member |

| *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|
| 647 Oaklawn Avenue | Cranston | RI | 02920 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS**
**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* | *Manager Name* |
|---|---|
| n/a | n/a |
| *Street Address* | *Street Address* |
| *City* / *State* / *Zip* | *City* / *State* / *Zip* |
| *Manager Name* | *Manager Name* |
| n/a | n/a |
| *Street Address* | *Street Address* |
| *City* / *State* / *Zip* | *City* / *State* / *Zip* |

**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* | |
|---|---|---|
| Everett A. Petronio, Esquire | | |
| *Address* | *City* | *Zip* |
| 1239 Hartford Avenue | Johnston | 02919 |

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

[redacted] 93175 [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.

Anthony DiFanti 9/4/08
*Signature of Authorized Person* *Date*

Anthony DiFanti, Member
*Print or Type Name of Authorized Person*

[redacted]

*File Date* FILED
*Check No.* OCT 08 2008
*By:* JV
FOR SECRETARY OF STATE USE ONLY
26906-15-29277

Form 632 Rev. 08/06