



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

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR: 2011**

**1. ID No. 000130816**

**2. Exact Name of the Limited Liability Company 64-66 HOMEWOOD AVENUE, LLC**

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REAL ESTATE

**5. Principal Office Address**

No. and Street: 48 HAMLET AVENUE

City or Town: WOONSOCKET

State: RI

Zip: 02895

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MICHAEL DICARLI Contact Title: OWNER

No. and Street: 48 HAMLET AVENUE

City or Town: WOONSOCKET

State: RI

Zip: 02895

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | F. MICHAEL DICARTI                             | 107 MEDWAY STREET, APT 3<br>PROVIDENCE, RI 02906 USA       |

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

F.MICHAEL DICARLI 48 HAMLET AVENUE FIRST CHOICE PROPERTY MANAGEMENT WOONSOCKET ,

RI 02895

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

**Signed this 12 Day of October, 2011 at 1:21:31 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JESSICA HOPKINS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2011 State of Rhode Island and Providence Plantations  
All Rights Reserved