RI SOS Filing Number: 201446141810 Date: 09/17/2014 4:00 PM

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 2014

Filing Period: September 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.

1. 198235	2. Exact name of the limited liability company: ST. JOHN LLC		
3. State of Formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: REAL ESTATE		
5. Principal office address: 727 ATWOOD AVE	City: CRANSTON	State: RI	Zip: 02920

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

Contact Name: WAGIH GHOBRIAL	Contact Title: MANAGER		
Street Address: 727 ATWOOD AVE	City: CRANSTON	State: RI	Zip: 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) ☐

Manager Name: WAGIH GHOBRIAL	Manager Name: ANGEL KHALIL
Street Address: 727 ATWOOD AVE	Street Address: 727 ATWOOD AVE
City: CRANSTON / State: RI / Zip: 02920	City: Cranston / State: RI / Zip: 02920
Manager Name: ABDELMESSIH HABIB	Manager Name:
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:	
Address:	City:	Zip:

Tax ID #

FILED
SEP 17 2014
BY: 3602

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

[redacted] [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.

—— 9/1/14

Signature of Authorized Person *Date*

[redacted] WAGIH GHOBRIAL

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

111102-5-990324

Form 632 Rev. 07/07