

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name o	f the limited liability com	pany			
790606	DOW	Realty	160			
3. State of Formation	4. Brief descripti	on of the character of bu	usiness conducted in Rhode Island			
Rhode ts/And less derfial kep/ estate Rental						
5. Findparonice address			City /	State	Zip	
75 Lexington Ave			Charston	KT	02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name			Contact Title			
Street Address			MANAger	lot-t-	T-:-	
75 Lexina	. Tan 1 1A	1 -e	CAANSTON	State	0 E G (3	
7-UST ALL MANAGEDS (NA	MES AND ADDRESS		LIABILITY COMPANY IF APPL	1/C -7		
"X" BOX FOR ATTACHMEN	ir)	SSES) OF THE CIMITED	/ LIABICITY COMPANY, IF APPL	ICABLE - <u>DU NU I</u>	LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
					2	
City	State	Zip	City	State	SE CARREST	
Manager Name		<u> </u>	Manager Name		P ORAC	
Street Address			Street Address			
					문 문유한	
City	State	Zip	City	State	7 S S S S S S S S S S S S S S S S S S S	
					حج بي	
8. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

FILED	
SEP 10 2015	
25/01/25	

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.

Ignature Authorized Person

Date

Print of Type Name of Authorized Person