

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
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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 nar	me of the limited liab	ility company			
147524	697 Alle	697 Allens Ave, LLC				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	Real Estate				
5. Principal office address 101 Plain Street, 1st Floor, Suite 100			City Providence	State R.I.	Zip 02903	
	F LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Stefania M. Mardo			Contact Title			
Street Address 101 Plain Street, 1st Floor, Suite 100			City Providence	State R.I.	Zip 02903	
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN I	RHODE ISLAND		Andrew Andrew English States	The second second second		
	ED	e Office of the Secr	etary of State. Changes require f	illing Form 642.	OCT 15 PH 3:21	
File Date Check No 165 By:	7			any accompanying at contained herein a contained he	irm that I have examined schedules and statement are true and correct.	

Form No. 632 Revised: 01/2012