

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

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 na	me of the limited liabilit	ly company		
941173	938 MAIN, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real est	ate management			
5. Principal office address 938 Main Street			City West Warwick	State RI	Zip 02893
	LIMITED LABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:	
Contact Name Stephen J. DiGianfil	lippo, Esq.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contact Title Registered Agent		
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903
7. LIST ALL MANAGERS	NAMES AND AD	DRESSES) OF THE LI	MITED LIABILITY COMPANY, F.	APPLICABLE - <u>Do</u>	Noieuste Mediales
Manager Name Antonio Maglioli			Manager Name		
Street Address 752 Hammet Road		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN R	HODE ISLAND				
This Information is curren	tly of record in th	e Office of the Secret	ary of State. Changes require fili	ng Form 642.	
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Flie Date				ny accompanying	schedules and statements,
Check No.			antonio M		10/2/15
o ni finitional desire			Signature of Authorized F	Person	Date

Antonio Maglioli

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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