

## 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 \_\_\_\_\_\_\_\_

Filling 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.

Entity ID No.     2. Exact name of the limited liability.	ity company			
128091 SAMOAL	woo Peo	perties L	<u> </u>	
State of Formation     4. Brief description of the character				
RI KeAl	ESTAT	ESTATE		
5. Principal office address 928	Charlesto	wn State	21p 2513	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N	IAME OR TITLE OF CONTACT	PERSON:		
Contact Name  GIUILA-18	Contact Title	MGEK	:	
Stree Agress Poston Neckin Rolling	City	State /	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE L ("X" BOX FOR ATTACHMENT)	IMITED LABILITY COMPANY,	IF APPLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name	Manager Name	<u> </u>		
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Street Address	Street Address			
City State Zip	City	State	. <b>Z</b> [p	
8. RESIDENT AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secre	tary of State. Changes require	e filing Form 642.		
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(X BOX POR ATTACHMENT)				
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Cay Share Sh				
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File Date	and that all stateme	ig any accompanying so ents/contained herein an	chedules and statements, e true and correct.	
Check Mo	Γ 1 9 2 <u>015</u>	\ \/`\	ino 170cT 15	
<b>9</b> /	Signature of Authoriz	led Person	Date	
20_00	Print or Type Name of	of Authorized Person		
Form No. 632	and Charles (spiles			
Revised: 61/2012			TO A THE PARTY OF	
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