

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

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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. 248780	2. Exact na 298 ARM	me of the limited liab	oility company EVARD, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate Business				
5. Principal office address 290 Armistice Boulevard			City Pawtucket	State RI	Zip 02861	
Contact Name Gary Reis	F 1518 2 2 3 4 11 13	To STEMMAND	Contact Title	TETAL		
Street Address 86 Naushon Road			City Pawtucket	State RI	Zip 02861	
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BY 51667



Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

Gary Reis

Print or Type Name of Authorized Person