

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OfAce 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 name of the limited liability company					
794880	12 A	LOHA 1	ROAD,	LLC		
State of Formation	4. Brief description	of the character of b	usiness conducted	d in Rhode Island		
RhodeIsland	to ou	on real	estate			
5. Principal of Ace address	City Wasty 11	reto-	State C	Zip 2000 z		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name	Contact Title					
Victorial	5. 16U					
Street Address 531 75	@ Stree	INE	Washi	neton	₽ C	Z0002
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT		ES) OF THE LIMITE	D LIABILITY CON	IPANY, IF APPLI	ICABLE - <u>DO NO</u>	T LIST MEMBERS
Manager Name Victora K. Hout			Manager Name	elserca	1-10 4	- time.
Street Address 531 7 125	Street Address 55 Glen Bying Ave					
City Washington	State DC	Zip 20002	cityNya		State NY	Zip 0960
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of	record in the OfAc	e of the Secretary o	f State. Changes	require Aling Fo	orm 642.	
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FILED	
File Date	Under penalty of perjury, I declare and afArm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	MULAOUT Fine 10/18/15
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Rebecia L. Holt Fine Print or Type Name of Authorized Person