

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 Persia, L	ne of the limited liab LC	ility company	1										
116527														
3. State of Formation			cter of business conducted in Rho	de Island										
Rhode Island	Land De	velopment and	Building Company											
5. Principal office address 1150 Oaklawn Ave			City Cranston	State RI	Zip 02920									
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:	power on the seven services and									
Contact Name Gashy Dowlatshah	ni		Contact Title Member	The state of the s										
Street Address 1150 Oaklawn Ave	nue		City Cranston	State RI	Zip 02920									
7. LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT) [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	Manager Name										
Street Address			Street Address	Street Address										
City	State	Zip	City	City State										
8. RESIDENT AGENT IN														
This information is over	ently of record in th	e Office of the Secu	retary of State. Changes require	filing Form 642										

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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

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012