

## 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 <b>Persia, L</b>	ne of the limited liab LC	ility company	100	
116527					
3. State of Formation			ter 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 <b>02920</b>
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON	power on the seven services and
Contact Name Gashy Dowlatshah	ni		Contact Title <b>Member</b>		
Street Address 1150 Oaklawn Ave	nue		City Cranston	State <b>RI</b>	Zip <b>02920</b>
7. LIST <u>ALL</u> MANAGERS ("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		
Street Address			Street Address		***
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN	RHODE ISLAND				
This information is our	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