s s	tate of Rhode Island and Office of the Sec			S Fee: \$50.00
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
HOPE	(401) 222	-3040		
Limited Liability Com Annual Report	pany			
Filing Period: September 1	- November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2015				
1. ID No. <u>000240035</u>				
2. Exact Name of the Limited Liability Company 5 Grosvenor Avenue, LLC				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
HOLDING OWNING DUVING SELLING LEASING MODICACING MANACING AND				
HOLDING, OWNING, BUYING, SELLING, LEASING, MORTGAGING, MANAGING, AND OPERATING REAL ESTATE				
5. Principal Office Address				
No. and Street: 19 GROSVENOR AVENUE				
	Γ PROVIDENCE	State: RI	Zip: 02915	Country: USA
			·	·
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: <u>ANTHONY CALANDRELLI</u> Contact Title: <u>MANAGER</u>				
No. and Street: <u>19 GF</u>	ROSVENOR AVENUE			
City or Town: <u>EAST</u>	PROVIDENCE	State: <u>RI</u>	Zip: <u>02915</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addre	ess
	First, Middle, Last, Suffix	Addr	ess, City or Town, St	ate, Zip Code, Country
MANAGER	ANTHONY CALANDRELLI		19 GROSVE EAST PROVIDENCE	NOR AVENUE E, RI 02915 USA
8. RESIDENT AGENT IN F	HODE ISLAND - DO NOT ALTE	 R		
	g of Form 642 - R.I.G.L. 7-16-11			
<u>RICHARD A. BOGUE, ESQ.</u> 55 PINE STREET FIFTH FLOOR PROVIDENCE, RI 02903				

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of November, 2015 at 2:33:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY CALANDRELLI

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2015 State of Rhode Island and Providence Plantations All Rights Reserved