

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

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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. 663903	161 Doug	e of the limited liabil las Ave, LLC				
3. State of Formation	4. Brief descr To buy se	iption of the charactell and/or lease	er of business conducted in Rhode Isla real property	usiness conducted in Rhode Island oroperty		
5. Principal office address 2010 Mineral Spring Avenue			City North Providence	State RI	Zip 02911	
S. MAILING ACTORIESS OF	LIMITED LIABILITY	COMPANY AND	VAME OR TITLE OF CONTACT PERS	ION:		
Contact Name Frank DiBiase Jr.			Member			
Street Address 2010 Mineral Spring Avenue			City North Providence	State RI	^{Zip} 02911	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name Frank DiBiase Ir			Manager Name			
Street Address	ral Carlo	or the	Street Address			
No surrovidence RI 2102911			City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	 RHODE ISLAND			189		
This information is curre	ently of record in the	e Office of the Sec	retary of State. Changes require filin	g Form 642.		

FILED

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompany to schedules and statemente, and that all statements contained ferein are true and correct.

Signature of Authorized Person

Date

FOR SECRETARY OF STATE USE ONLY

Frank DiBiase, Jr.

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012