

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. | | ne of the limited liab ers Avenue Rea | | | | |
|---|--------------------------|--|-----------------------------------|------------------------|----------------------------|--|
| 1002894 | 770 FOR | ers Averlue Nec | nty, LLO | | | |
| 3. State of Formation | 4. Brief desc | ription of the charac | ter of business conducted in Rhod | e Island | | |
| Rhode Island | Holding | and dealing in I | real estate | | | |
| 5. Principal office address 555 Cranston Street | | | City Providence | State RI | Zip 02907 | |
| 6. MAILING ADDRESS OF | FLIMITED LIABILIT | Y COMPANY AND | NAME OF TITLE OF CONTACT R | ERSON: | in the series are premient | |
| Contact Name Kenneth A. Rocha | | | Contact Title | | | |
| Street Address 555 Cranston Street | | | City Providence | State RI | Zip 02907 | |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACK | (NAMES AND ADD HMENT) | RESSES) OF THE | LIMITED LIABILITY COMPANY, I | 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 | Street Address Q | | |
| City | State | Zip | City | State | ZiZ ASSIC | |
| 8. RESIDENT AGENT IN F | RHODE ISLAND | eggentalkalaja | | | Bartina in Salata (1941) | |
| This information is curre | ntly of record in th | e Office of the Seci | etary of State. Changes require | filing Form 642. | , | |
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| File Date |
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Kenneth A. Rocha

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012