

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.

Entity ID No. 2. Exact n	ame of the limited liability of	company								
84066 Th	e Atlantic	House IIC								
3. State of Formation 4. Brief de	State of Formation 4. Brief description of the character of business conducted in Rhode Island									
ZI H	ptel May	agement		•						
5. Principal office address	Δ.	City	State	Zip	234					
11 Pier Market	Muce	Marragansith	I RI	\mathcal{O}	(8) L					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:										
Contact Name		Contact Title								
Piyush Patt	OWNER	Owner								
Street Address	_	City	State	Zip	.3.5.1					
	lace	Narragaustt	\perp RI		(3)7					
7. LIST ALL MANAGERS (NAMES AND AC	DRESSES) OF THE LIMIT	TED LIABILITY COMPANY, IF APP	LICABLE - DO NO	OT LIST ME	MBERS					
("X" BOX FOR ATTACHMENT)	entre de la companya									
Manager Name Piyush Patru		Manager Name								
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Manager Name		Manager Name	· · · · · · · · · · · · · · · · · · ·		334					
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City State 8. RESIDENT AGENT IN RHODE ISLAND.		City		Zip 5						
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Form No. 632 Revised: 01/2012 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

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