

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.	2. Exact name of	of the limited liability com	npany									
OLLAGA	21000 December of the company											
20121012	56	ach Str	eet Roaltu	UC.								
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island											
RI	Real Estate											
5. Principal office address	01.		City	State	Zip	231						
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Contact Name	1ED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERSON:									
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(A BOX FOR ATTACHWEN	IES AND ADDRES D ☐	SSES) OF THE LIMITE	DLIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u>	r List Me	MBERS						
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8. RESIDENT AGENT IN RHODE	and the control of the second			gen and a state of	- 2	203						
This information is currently of	record in the Off	ice of the Secretary of	State. Changes require filing Fo	orm 642.	<u>.</u>	<u> </u>						
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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 A. F. A. S. . . .

ature of Authorized Person

Date JUKI

Print or Type Name of Authorized Person