

## 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

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.

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1. Entity ID No.		ne of the limited liab	ility company			
511288	·   A <	A CTAC	LI, LLC			
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island						
ZI	Rec	u Est	ate Invest	ment		
5. Principal office address	maship s	<i>A</i> ·	westerly	State	1P840	
	OF LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT PI	RSON:	ali Galerter, processora	
Contact Name ALT			Contact Title ember			
TY Friendship St.			City	State	Ö2891	
7. LIST ALL MANAGE	RS (NAMES ÂND ADI	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	IOT LIST MEMBERS	
("X" BOX FOR ATTA	CHMENT)	Street description		eris da el sa comença	e ji se tempetekki ili ji keti	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip S	
Manager Name			Manager Name			
Street Address			3 RAPE			
City	State	Zip	City	State	Zip NOP VE	
8, RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
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FILED

MAR 31 2016

12:11 p.m.

File Date Check No FOR SECRETARY OF STATE USE ONLY

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

Print or Type Name of Authorized Person