

State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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

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 Number	2. Exact name of the Limited Liability Company				
1018686	ABreu Housing LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
RI	Keai State				
5. Principal Office Address			City	State	Zip
129 Oakland	ave	3	providence	22	02908
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILBEI R ABYEU			Contact Title Manager		
Street Address 129 Oakland	ave_	3	city providence	State RI	02408
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO 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		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filling Form 642,					
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.					
Name of Authorized Person WILBEL R ABYRU 4/25/16					
Signature of Authorized Person					
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FILED

APR 25 2016

Form No. 632 Revised: 2016