State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State				
HOPE	Providence R	Liver Street		
Limited Liability Company Annual Report Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2015				
1. ID No. <u>000542121</u>				
2. Exact Name of the Limited Liability Company $\underline{R \ E \ D \ I, LLC}$				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>REAL ESTATE</u>				
5. Principal Office Addres	SS			
	ADMIRAL STREET VIDENCE	State: <u>RI</u>	Zip: <u>02908</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	^{⊺itle:} \DMIRAL STREET √IDENCE	State: <u>RI</u>	Zip: <u>02908</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name First, Middle, Last, Suffix	Ad	Add dress, City or Town, S	ress State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
PERRY BORELLI, JR. 146 ADMIRAL STREET PROVIDENCE, RI 02908				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 26 Day of April, 2016 at 4:12:17 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>PERRY BORRELLI, JR.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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