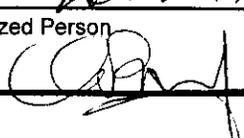




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2016**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>128921</b>		2. Exact name of the Limited Liability Company <b>Swanlea, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding Company</b>			
5. Principal Office Address <b>36 Washington Square</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Letizia Ray</b>			Contact Title		
Street Address <b>359 Victoria Avenue Apt. 1</b>			City <b>Westmount, Quebec</b>	State <b>Canada</b>	Zip <b>H3Z2N1</b>
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 <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>LETIZIA RAY</b>				Date <b>Sept 29, 2016</b>	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

**FILED** 

SEP 06 2016

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov