| | State of Rhode Island and Pro Office of the Secreta | | Fee: \$50 |
|---|--|---|--------------|
| | Division Of Business | - | |
| | 148 W. River S | | |
| | Providence RI 0290 | | |
| HOPE | (401) 222-30 | 40 | |
| imited Liability Co | mpany | | |
| nnual Report iling Period: September | 1 - November 1 | | |
| accordance with R.I.G. | L. 7-16-66(d), each limited liability com | pany failing or refusing | |
| | thin thirty (30) days after the time presc | ribed by law (R.I.G.L. 7- | |
| | a penalty fee of \$25.00. | | |
| ANNUAL REPORT YEA | R : <u>2016</u> | | |
| I. ID No. <u>0007980</u> | <u>06</u> | | |
| 2. Exact Name of the | Limited Liability Company BRIVA | N HOLDINGS, LLC | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| | | | |
| | | | |
| Using the following NAIC | CS codes, please select the code that b | est describes your business. | |
| NAICS Code | 25 codes, please select the code that c | est describes your business. | _ |
| NAICS Code | | <u>6</u> <u>53</u> | - |
| NAICS Code | the Character of the Business Which | <u>6</u> <u>53</u> | - |
| NAICS Code | the Character of the Business Which | <u>6</u> <u>53</u> | - |
| NAICS Code 4. Brief Description of RENTAL PROPERTY | the Character of the Business Which | <u>6</u> <u>53</u> | - |
| NAICS Code 4. Brief Description of RENTAL PROPERTY | the Character of the Business Which | <u>6</u> <u>53</u> | - |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35 | the Character of the Business Which <u>MANAGEMENT</u> ress KOUTSOGIANE DRIVE | is Actually Conducted in R | Rhode Island |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35 | the Character of the Business Which <u>MANAGEMENT</u> ress KOUTSOGIANE DRIVE | is Actually Conducted in R | - |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35 1 City or Town: CR | the Character of the Business Which <u>MANAGEMENT</u> ress KOUTSOGIANE DRIVE | ate: <u>RI</u> Zip: <u>02920</u> Co | Node Island |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35 1 City or Town: CR 6. Mailing Address of I | the Character of the Business Which <u>MANAGEMENT</u> ress <u>KOUTSOGIANE DRIVE</u> <u>ANSTON</u> | ate: <u>RI</u> Zip: <u>02920</u> Co | Node Island |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35] City or Town: CR 6. Mailing Address of I Contact Name: ANTHO No. and Street: F | the Character of the Business Which <u>MANAGEMENT</u> ress <u>KOUTSOGIANE DRIVE</u> <u>ANSTON</u> SI Limited Liability Company and Name <u>ONY LAPATI</u> Contact Title: <u>PRESIDE</u> <u>P.O. BOX 8256</u> | ate: <u>RI</u> Zip: <u>02920</u> Co or Title of Contact Person | Node Island |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35] City or Town: CR 6. Mailing Address of I Contact Name: ANTHO No. and Street: F | the Character of the Business Which <u>MANAGEMENT</u> ress <u>KOUTSOGIANE DRIVE</u> <u>ANSTON</u> SI Limited Liability Company and Name <u>ONY LAPATI</u> Contact Title: <u>PRESIDE</u> | ate: <u>RI</u> Zip: <u>02920</u> Co or Title of Contact Person | Node Island |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35 1 City or Town: CR 6. Mailing Address of I Contact Name: ANTHO No. and Street: F City or Town: C | the Character of the Business Which <u>MANAGEMENT</u> ress <u>KOUTSOGIANE DRIVE</u> <u>ANSTON</u> SI Limited Liability Company and Name <u>ONY LAPATI</u> Contact Title: <u>PRESIDE</u> <u>P.O. BOX 8256</u> <u>CRANSTON</u> State: <u>RI</u> of Each Manager of the Limited Liab | 6 53 a is Actually Conducted in R ate: <u>RI</u> Zip: <u>02920</u> Co c or Title of Contact Person NT Zip: <u>02920</u> Count | Node Island |
| NAICS Code 4. Brief Description of RENTAL PROPERTY 5. Principal Office Add No. and Street: 35 1 City or Town: CR 6. Mailing Address of I Contact Name: ANTHO No. and Street: F Contact Name: ANTHO No. and Street: F Contact Name: C City or Town: C Contact Name: ANTHO No. and Street: F City or Town: C City or Town: C Contact Name and Address F | the Character of the Business Which <u>MANAGEMENT</u> ress <u>KOUTSOGIANE DRIVE</u> <u>ANSTON</u> SI Limited Liability Company and Name <u>ONY LAPATI</u> Contact Title: <u>PRESIDE</u> <u>P.O. BOX 8256</u> <u>CRANSTON</u> State: <u>RI</u> of Each Manager of the Limited Liab | 6 53 a is Actually Conducted in R ate: <u>RI</u> Zip: <u>02920</u> Co c or Title of Contact Person NT Zip: <u>02920</u> Count | Node Island |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANTHONY C. LAPATI 35 KOUTSOGIANE DRIVE CRANSTON, RI 02920

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of September, 2016 at 9:58:33 AM 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>ANTHONY LAPATI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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