	State of Rhode Is Office o	land and Prov f the Secretar		tions Fee: \$5
	Divis	ion Of Business S	Services	
		48 W. River Str		
	Prov	idence RI 02904		
HOPE		(401) 222-304	0	
_imited Liabilit	y Company			
Annual Report				
Filing Period: Septe	ember 1 - November 1			
o file its annual rep	R.I.G.L. 7-16-66(d), each limi port within thirty (30) days afte ect to a penalty fee of \$25.00	r the time prescri		
ANNUAL REPORT	YEAR: <u>2016</u>			
1. ID No. <u>000</u>	0542043			
2. Exact Name o	f the Limited Liability Com	pany <u>ANM Pro</u>	perty Solutions G	roup, LLC
3. State of Form	ation			
State: <u>RI</u>				
		ARTICLE III		
Using the following	g NAICS codes, please select		est describes your b	ousiness.
Using the following	g NAICS codes, please select		-	ousiness. 6 <u>53</u>
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## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AYDIN MUSTAFAYEV 39 7TH STREET PROVIDENCE, RI 02906

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 10:42:45 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 AYDIN MUSTAFAYEV

Signature of Authorized Person

Form No. 632 Revised 09/07

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