	State of Rhode Island and Prov Office of the Secretary		S Fee: \$50
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	Division Of Business S 148 W. River Stre		
	Providence RI 02904		
HOPE	(401) 222-3040		
imited Liability C	ompany		
Innual Report	ompany		
iling Period: Septembe	er 1 - November 1		
	G.L. 7-16-66(d), each limited liability compa		
	within thirty (30) days after the time prescrib to a penalty fee of \$25.00.	ed by law (R.I.G.L. 7-	
ANNUAL REPORT YE			
1. ID No. <u>000486</u>	5349		
2. Exact Name of the	e Limited Liability Company Briarcliffe	Gardens Realty, LLC	
3. State of Formatio	n		
State: <u>RI</u>			
	ARTICLE III		
Using the following NA	AICS codes, please select the code that bes	t describes your busine	ess.
Using the following NA	AICS codes, please select the code that bes	t describes your busine	ess. <u>53</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AKSHAY K. TALWAR 49 OLD POCASSET ROAD JOHNSTON, RI 02919

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

**Signed this 12 Day of September, 2016 at 10:07:55 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>AKSHAY K. TALWAR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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