(B)	State of Rhode Island and Providence Plantations	
	State of Rhode Island and Providence Plantations  Department of State - Business Services Division	ŧ

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.

	<del>,</del>					
Entity ID Number	2. Exact name	e of the Limited Li	ability Company			
001318517	FAGGELLA HOUSE, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and Rental Property located at 13			1/2 Fair Street, Newport	, R.I. 02840		
5. State of Formation						
RI						
6. Principal Office Address		,· ·	City	State	Zip	
36 KEEHER AVE			NEWPORT	RI	02840	
7. Mailing Address of Limited Lia		and Name or Title	of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name STEPHEN J. BAKI	ER		Contact Title OWNER			
Street Address 36 KEEHER AVE			City NEWPORT	State RI	<sup>Zip</sup> 02840	
8. List ALL managers (names an	d addresses) o	f the Limited Liabi	lity Company, IF APPLICA	ABLE - <b>do not list m</b>	IEMBERS	
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 in	dicate an attachment	
9. Resident Agent in Rhode Island	l. This informatio	n is currently of reco	ord with the Department of Sta	ate. Changes require filing	Form 642.	
Under penalty of perjury, I decide statements, and that all statements.	are and affirm ents contained	that I have exam I herein are true :	ined this report, includir and correct.	ng any accompanying	schedules and	
Name of Authorized Person	Date					
STEPHEN J. BAKER	9/8/2016					
Signature of Authorized Person	len fla	Lsign Doc	CUMENT HERE	9/8/2	7/6	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

FORM 632 Revised: 08/2016