TOP!
HOPE

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						
597 METACOM AVENUE, LLC						
4. Brief description of the character of business conducted in Rhode Island						
OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE						
City			State	Zip		
BRISTOL			RI	02809		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name EDWARD J COX II Contact Title CONTROLLER						
		Contact Title CONTROLLER				
ET		City BRISTOL	State RI	^{Zip} 02809		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
		Manager Name				
Street Address						
State	Zip	City	State	Zip		
Manager Name Manager Name						
	Street Address					
State	Zip	City	State	Zip		
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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.						
		<u>.</u>	Date	<u>.</u>		
			09/09/16	j		
Signature of Authorized Person						
SIGN DOCUMENT HERE						
	597 METACO 4. Brief descripownership billity Company ET d addresses) of State 5. This information are and affirm	4. Brief description of the character ownership and management of the character ownership and management of the character ownership and management of the Limited Liability Company and Name or Title of addresses) of the Limited Liability Company and Name or Title of addresses) of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of addresses of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or Title of the Limited Liability Company and Name or	4. Brief description of the character of business conducted in Rr OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL E City BRISTOL Dility Company and Name or Title of Contact Person Contact Title CONTROLLER City BRISTOL d addresses) of the Limited Liability Company, IF APPLICABLE - Manager Name Street Address State Zip City Manager Name Street Address State Zip City Ch Ch This information is currently of record with the Department of State. Ch Care and affirm that I have examined this report, including any	4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE City		

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