	State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State
Ū	Division Of Business Services 148 W. River Street Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liabil	ity Company
Annual Repo	't
uling Period: Sep	tember 1 - November 1
o file its annual re	h R.I.G.L. 7-16-66(d), each limited liability company failing or refusing eport within thirty (30) days after the time prescribed by law (R.I.G.L. 7- bject to a penalty fee of \$25.00.
ANNUAL REPOR	RT YEAR: <u>2016</u>
1. ID No. <u>0</u> (00998120
2. Exact Name	of the Limited Liability Company <u>26 Turner Street, LLC</u>
3. State of For	nation
State: <u>RI</u>	
	ARTICLE III
Using the followi	ng NAICS codes, please select the code that best describes your business.
Using the followi	
NAICS Code	ng NAICS codes, please select the code that best describes your business.
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

K. JOSEPH SHEKARCHI, ESQ. 33 COLLEGE HILL ROAD, SUITE 15-E WARWICK, RI 02886

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

Signed this 16 Day of September, 2016 at 12:04:22 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 <u>BRENDA BAGINSKI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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