| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|---|--|
| Annual Report for the year: 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. | |

| 133721 | | | led Liability Company | | 2. Exact name of the Limited Liability Company | | | | |
|--|--|--|---|------------------------|--|--|--|--|--|
| | Pelibro Li | Pelibro LLC | | | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island Real Estate Holding & Rental | | | | | | | | |
| 53 - Real Estate and Rental a | | | | | | | | | |
| 5. State of Formation | | ······································ | | | | | | | |
| RI | | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | | |
| 275 Reservoir Ave | | | Providence | RI | 02907 | | | | |
| 7. Mailing Address of Limited Lia | bility Compa | ny and Name o | r Title of Contact Person | | | | | | |
| Contact Name Brian Pellegrino | | | Contact Title Principle-Member | | | | | | |
| Street Address 119 Roger Williams Drive | | City North Kingstown | State RI | ^{Zip} 02852 | | | | | |
| 8. List ALL managers (names ar | nd addresses | s) of the Limited | Liability Company, IF APPLICABL | E - DO NOT LIST I | MEMBERS | | | | |
| 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 | ndicate an attachment | | | | |
| Resident Agent in Rhode Island | d. This informa | ation is currently o | of record with the Department of State. | Changes require filing | g Form 642. | | | | |
| Inder penalty of perjury, I decide the statements, and that all statements is a statement of the statement o | are and affil | m that I have e | yamined this report including a | any accompanying | schedules and | | | | |
| Name of Authorized Person | | | Date | - | | | | | |
| Brian Pellegrino | | | 09/14/16 | | | | | | |
| ignature of Kuthorized Person | llymi | SIGN [| POCUMENT HERE | | | | | | |

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

