	State of Rhode Island and Providence Plantation Office of the Secretary of State	IS Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability	y Company	
nnual Report	mber 1 - November 1	
	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing or within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	ect to a penalty fee of \$25.00.	
ANNUAL REPORT	YEAR: <u>2016</u>	
1. ID No. <u>000</u> .	<u>575393</u>	
2. Exact Name of	the Limited Liability Company 51 Bayview Avenue, LLC	
3. State of Forma	ation	
State: <u>RI</u>		
Using the following	ARTICLE III NAICS codes, please select the code that best describes your busin	ness.
Using the following		
NAICS Code	NAICS codes, please select the code that best describes your busin	<u>81</u>
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NAICS Code 4. Brief Descriptio <u>HOUSING</u> 5. Principal Office	NAICS codes, please select the code that best describes your busin	<u>81</u>
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NAICS Code 4. Brief Descriptio <u>HOUSING</u> 5. Principal Office No. and Street: City or Town:	NAICS codes, please select the code that best describes your busin 6 on of the Character of the Business Which is Actually Conducted Address 51 BAYVIEW AVENUE PORTSMOUTH State: RI Zip: 02871	81 d in Rhode Island Country: <u>USA</u>
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NAICS Code 4. Brief Descriptio HOUSING 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name:	NAICS codes, please select the code that best describes your busin Image: Address 51 BAYVIEW AVENUE PORTSMOUTH State: RI Zip: 02871 s of Limited Liability Company and Name or Title of Contact Per EFFREY GOYETTE Contact Title:	81 d in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Descriptio <u>HOUSING</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: JI No. and Street:	NAICS codes, please select the code that best describes your busin Image: Address State: State: RICS State: RI Zip: 02871 State: State: RICS State: State: State: State: </td <td>81 d in Rhode Island Country: <u>USA</u> erson:</td>	81 d in Rhode Island Country: <u>USA</u> erson:
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NAICS Code 4. Brief Description HOUSING 5. Principal Office No. and Street: City or Town: 6. Mailing Address: Contact Name: JI No. and Street: City or Town:	NAICS codes, please select the code that best describes your busin Image: Address <u>51 BAYVIEW AVENUE</u> <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> s of Limited Liability Company and Name or Title of Contact Per <u>EFFREY GOYETTE</u> Contact Title: <u>2968 EAST MAIN ROAD</u> PORTSMOUTH State: <u>RI</u> Zip: <u>02871</u>	81 d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
NAICS Code 4. Brief Descriptio HOUSING 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: JI No. and Street: City or Town: 7. Name and Address	NAICS codes, please select the code that best describes your busin Image: Address <u>51 BAYVIEW AVENUE</u> <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> s of Limited Liability Company and Name or Title of Contact Per <u>EFFREY GOYETTE</u> Contact Title: <u>2968 EAST MAIN ROAD</u> PORTSMOUTH State: <u>RI</u> Zip: <u>02871</u>	81 d in Rhode Island Country: USA erson: Country: USA icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CRAIG S. SAMPSON, ESQ. 35 POWEL AVENUE NEWPORT, RI 02840

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

Signed this 20 Day of September, 2016 at 1:07:49 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>JEFFREY A GOYETTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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