(HISKING)
マジノ
20.000

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.

	Y				1000		
1. Entity ID Number	2. Exact паme of the Limited Liability Company						
786296	MY BUNGALOW, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	REAL ESTATE						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
16 GULL ROAD			NARRAGANSETT	RI	02882		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MARNEE GRZEBIEN			Contact Title MANAGER				
Street Address 16 GULL ROAD			City NARRAGANSETT	State RI	^{Zip} 02882		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name MARNEE GRZEBIEN			Manager Name				
Street Address 16 GULL ROAD			Street Address				
City NARRAGANSETT	State RI	^{Zip} 02882	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	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 \$42.							
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.							
Name of Authorized Person Date							
MARNEE GRZEBIEN				9/16/14			
Signature of Authorized Person SEGN DOCUMENT FIRE							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 632 - Revised: 08/201