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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.

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1. Entity ID Number		of the Limited Lia	bility Company				
133154	237 NEWMAN AVE, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	TO ENGAGE IN REAL ESTATE						
5. State of Formation]						
RI							
6. Principal Office Address		• • •	City	State	Zip		
1308 ATWOOD AVENUE			JOHNSTON	RI	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name DAVID J LUCIER		Contact Title MEMBER					
Street Address 1308 ATWOOD A	VENUE		City JOHNSTON	State RI	^{Zip} 02919		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name DAVID J LUCIER	VID J LUCIER Manager Name LEO J DELISI						
Street Address 1308 ATWOOD AVENUE			Street Address 1308 ATWOOD AVENUE				
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON	State RI	^{Zip} 02919		
Manager Name N/A			Manager Name N/A				
Street Address Street Address							
City	State	Zip	City	State	Zip		
			Che	ck the box to indi	cate 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.							
Name of Authorized Person	of Authorized Person			Date			
DAVID J LUCIER	\			9/12/16			
Signature of Authorized Person SIGN DOCUMENT 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