Department of S			s Division		
Annual Report for the y Limited Liability Comps → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - Novembe	r 1	mber 1.		
1. Entity ID Number 140 / 85	2. Exact name of the Limited Liability Company Touisset Quahag, LLC				<u> </u>
NAICS Code State of Formation	4. Brief description of the character of business conducted in Rhode Island Ren(Estate				
6. Principal Office Address POBox 651			City Warren	State R. I	zip 02885
7. Mailing Address of Limited Lia			of Contact Person		
Contact Name Kenneth Belanger			Contact Title		
Street Address PO Box 654			city Warren	State	Zip 02885
8. List ALL managers (names a	nd addresses) c	of the Limited Liabi	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS
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
			Che	ck the box to indi	cate an attachment
9. Resident Agent in Rhode Islan	d. This information	on is currently of reci	ord with the Department of State. Char	nges require filing F	om 642.
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents containe	that I have exam d herein are true	nined this report, including any a and correct.	ccompanying s	schedules and
Name of Authorized Person				Date O	3/16

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

Signature of Authorized Person

FILED SEP 19 2016

11011 DS