

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: _2 Limited Liability Company

2016

FOR SECRETARY OF STAT

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
162317	77 TABOR AVE., LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	REAL ESTATE RENTAL AND LEASING					
5. State of Formation	1					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
1135 CHARLES STREET			NO. PROVIDENCE	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name WILLIAM R. D'AMICO, III			Contact Title OWNER			
Street Address 1135 CHARLES STREET			City NO. PROVIDENCE	State RI	^{Zip} 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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	
			С	heck the box to ind	icate 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				Date	Date	
WILLIAM R. D'AMICO, J						
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

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