

## **STAMP**

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.

FOR	

1. Entity ID Number	2. Exact nar	ne of the Limite	d Liability Company				
508324	CLEAR CHOICE INVESTMENT GROUP, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	PURCHASE AND DEVELOPMENT OF REAL ESTATE AND OTHER RELATED MATTERS						
5. State of Formation	1						
RI							
6. Principal Office Address	Office Address			State	Zip		
45 TROY STREET			PROVIDENCE	RI	02909		
7. Mailing Address of Limited Lia	bility Compar	ıy and Name or		•	,		
Contact Name KARL KRIKORIAN	Contact Title MEMBER						
Street Address 45 TROY STREET	City PROVIDENCE		City PROVIDENCE	State RI	<sup>Zip</sup> 02909		
8. List ALL managers (names ar	nd addresses)	of the Limited	Liability Company, IF APPLICABI	E - DO NOT LIST I	MEMBERS		
Manager Name		Manager Name					
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name		<b>_</b>	Manager Name	<b>.</b>	-		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to i	I ndicate an attachment ☐		
9. Resident Agent in Rhode Islan	d. This informa	ition is currently o	of record with the Department of State	e. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all statem			examined this report, including true and correct.	any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
ARL KRIKORIAN, MEMBER			9,	114/14			
Signature of Authorized Person	1/1/	L 1842461 2	ZÓCUMENT HERE		,		
		VV					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 2 0 2016