| 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.  |   |       |                 |              |                    |
| 1 Entity ID Number 2. Exact name of the Limited Liability Company   |   |       |                 |              |                    |
| r. Cirally is reasonable  | Ives + Angell, LLC  |       |                 |              |                    |
| 7,59/05   | 4. Brief description of the character of business conducted in Rhode Island |       |                 |              |                    |
| 3. NAICS Code   | Real Estate   |       |                 |              |                    |
|   | K€  | al L  | SIRIC           |              |                    |
| 5. State of Formation   | 1   |       |                 |              |                    |
| K.L   |   |       | City            | State        | Zip                |
| 6. Principal Office Address   | 1.1   | St    | 1               | DT           | 02906              |
| 1 203 Angell St Troubacted in   |   |       |                 |              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title  |   |       |                 |              |                    |
| Contact Name  JOAN  SACKETT   |   |       | Sometimes       | <del></del>  |                    |
| Street Address  |   |       | City Providence | State RI     | Zip 02706          |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |   |       |                 |              |                    |
| Manager Name  Joan  Suckett   |   |       | Manager Name    |              |                    |
| Street Address  |   |       | Street Address  |              |                    |
| 203 Angel   | 1 State   | Zip   | City            | State        | Zip                |
| Cay Cay   | State   | 02906 |                 |              |                    |
| Manager Name  |   |       | Manager Name    |              |                    |
| Street Address  |   |       | Street Address  |              |                    |
| City  | State   | Zip   | City            | State        | Zip                |
|   |   | 1     |                 |              | 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.   |   |       |                 |              |                    |
| 9. Resident Agent in Rhode Island. This information's currently of periods 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  TOAN  SACKETT  |   |       |                 | Date 7 / 8 / | 16                 |
| Signature of Authorized Person SIGN BOOUMENT HERE   |   |       |                 |              |                    |
|   | 45.0  |       |                 |              |                    |

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 1 2016