

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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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 na	ame of the Limited	d Liability Company			
137062	TOTAL TI	COMPANY, L.L.C.				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pub	PROVIDIN	PROVIDING REAL ESTATE TITLE AND ESCROW SERVICES				
5. State of Formation	7					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
2 ELM STREET			WESTERLY	RI	02891	
7. Mailing Address of Limited Lia	bility Compar	ny and Name or T	itle of Contact Person			
Contact Name CHARLES SOLOV	Contact Name CHARLES SOLOVEITZIK			Contact Title MANAGER		
Street Address 2 ELM STREET - P.O. BOX 414			City WESTERLY	State RI	Zip 02891	
8. List ALL managers (names an Manager Name	id addresses)	of the Limited Lia	ability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
CHARLES SOLOVEITZIK			Manager Name	Manager Name		
Street Address 2 ELM STREET - P.O. BOX 414			Street Address	Street Address		
City WESTERLY	State RI	^{Zip} 02891	City	State	Zip	
Manager Name	· · · · · · · · · · · · · · · · · · ·		Manager Name			
treet Address			Street Address	Street Address		
City	ito					
му	State	Zip	City	State	Zip	
Paridont Agent in Blade John d				Check the box to in	ndicate an attachment	
Resident Agent in Rhode Island	This informati	ion is currently of re-	cord with the Department of State	o Change and a sti		
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lame of Authorized Person			- 47.0 001, 001.	Date		
HARLES SOLOVEITZIK	7			Date //6/	Bal	
ignature of Authorized Person		SIGN DO	CUMENT HERE		746	

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

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