	and Providence Plantations State - Business Service	es Division		
Annual Report for the y				
 → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		ember 1.		·
1. Entity ID Number	2. Exact name of the Limited L	iability Company		-
506 353	203	Property C	rrown	LLC.
3. NAICS Code	4. Brief description of the char	acter of business conducted in Rho	de Island	
.53				
5. State of Formation	Real Estate			
RI				·
6. Principal Office Address	11	City	State	Zip
203 Ang	ell St	Providence	KI	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Joan	Sackett	Contact Title		
Street Address 203 Angel	L St	CityProvidence	State	Zip 02906
8. List ALL managers (names ar	nd addresses) of the Limited Lial	bility Company, IF APPLICABLE - 1	OO NOT LIST ME	MBERS
Manager Name		Manager Name		
Street Address 203 Ansell 5t		Street Address		
City Providence	State Zip 0290	City	State	Zip
Manager Name		Manager Name		
Street Address		Street Address		
City	State Zip	City	State	Zip
		Che	eck 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				
Under penalty of perjury, I deci statements, and that all statem			accompanying s	schedules and
Name of Authorized Person	rckatt	Date 9 8	2/16	
Signature of Authorized Person	Jou Sigired	CUMEND HELD	. I	
MAIL TO: Division of Business Services SEP 2 1 2016				
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov				
respire, mim.coc.n.gov		U1		