State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401.222.3040)

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
520856	LIBERATI, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE INVESTMENT

5. Principal office address	City	State	Zip
1536 WESTMINSTER STREET	PROVIDENCE	RI	02909

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MARK E. LIBERATI	MANAGER

Street Address	City	State	Zip
1536 WESTMINSTER STREET	PROVIDENCE	RI	02909

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
MARK E. LIBERATI	1536 WESTMINSTER STREET	PROVIDENCE	RI	02909

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED
SEP 23 2016

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b&c).

By 1503

[redacted] 520856

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.

9/20/16
Signature of Authorized Person *Date*

[redacted]

MARK E. LIBERATI, MANAGER
Print or Type Name of Authorized Person

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08