



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.

<b>1. Entity ID Number</b> 756763		<b>2. Exact name of the Limited Liability Company</b> CIRCLE, LLC											
<b>3. NAICS Code</b> 53139		<b>4. Brief description of the character of business conducted in Rhode Island</b> Acquiring real property, selling real property, owning real property											
<b>5. State of Formation</b> Rhode Island													
<b>6. Principal Office Address</b> 4 Circle Drive				<b>City</b> Johnston		<b>State</b> RI		<b>Zip</b> 02919					
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>													
<b>Contact Name</b> Valentino Cairo					<b>Contact Title</b> Member								
<b>Street Address</b> 4 Circle Drive					<b>City</b> Johnston		<b>State</b> RI		<b>Zip</b> 02919				
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>													
<b>Manager Name</b>					<b>Manager Name</b>								
<b>Street Address</b>					<b>Street Address</b>								
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>City</b>			<b>State</b>		<b>Zip</b>	
<b>Manager Name</b>					<b>Manager Name</b>								
<b>Street Address</b>					<b>Street Address</b>								
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>City</b>			<b>State</b>		<b>Zip</b>	
Check the box to indicate an attachment <input type="checkbox"/>													
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>													
<b>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.</b>													
<b>Name of Authorized Person</b> Kelly Cairo, Member								<b>Date</b> Sept, 20, 2016					
<b>Signature of Authorized Person</b> <i>Kelly Cairo, Member</i>								<b>SIGN DOCUMENT HERE</b>					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**  
SEP 23 2016  
BY *1070 NS*