(B)	State of Rhode Island and Providence Plantations	
	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 Lis	ability Company				
001658561	2. Exact name of the Limited Liability Company 44-46 GLENDALE AVENUE, LLC						
3. NAICS Code		otion of the charac					
53 - Real Estate and Rental a RENTAL ACTIVITY RELATING			TO RESIDENTIAL REAL ES	STATE			
5. State of Formation							
RI							
6. Principal Office Address	6. Principal Office Address			State	Zip		
c/o PETER DOUGAL, CPA, 25 \$	SUNSET ROAD		SOMERVILLE	MA	02144		
7. Mailing Address of Limited Lial	<u> </u>	and Name or Title					
Contact Name PETER DOUGAL,	СРА		Contact Title MANAGER				
Street Address 25 SUNSET ROAD	)		City SOMERVILLE	State MA	<sup>Zip</sup> 02144		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name PETER DOUGAL,	СРА		Manager Name				
Street Address 25 SUNSET ROAD	1		Street Address				
City SOMERVILLE	State MA	<sup>Zip</sup> <b>02144</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to inc	dicate an attachment		
9. Resident Agent in Rhode Island							
Under penalty of perjury, I declar statements, and that all statements	are and affirm t ents contained	hat I have exam herein are true a	ined this report, including a and correct.	nny accompanying	schedules and		
Name of Authorized Person	Date	··					
PETER DOUGAL, CPA	7/26	7/20/16					
Signature of Authorized Person	P	SIGN DOC	CUMENT HERE	· · · · · · · · · · · · · · · · · · ·			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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