



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>89874</b>		2. Exact name of the limited liability company <b>767 Warwick Avenue LLC</b>			
3. State of Formation <b>R.I</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Investment</b>			
5. Principal office address <b>858 Washington St #309</b>		City <b>Dedham</b>	State <b>MA</b>	Zip <b>02026</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF INDIVIDUAL CONTACT PERSON					
Contact Name <b>Gregory J. Salvatore</b>		Contact Title <b>Manager</b>			
Street Address <b>858 Washington St #309</b>		City <b>Dedham</b>	State <b>MA</b>	Zip <b>02026</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. <input checked="" type="checkbox"/> (CHECK BOX FOR ATTACHMENT)					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Form 642.					

**FILED**

SEP 23 2016

By SJS  
LU

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.

Signature of Authorized Person Gregory J. Salvatore Date 9/16/16  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
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