

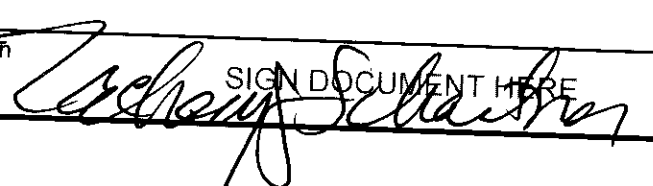


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 128490 | | 2. Exact name of the Limited Liability Company Fortin Place, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island Real estate investments, including purchase, sale and rental activity | | | |
| 5. Principal Office Address 188 Kingstown Road | | City Narragansett | | State RI | Zip 02882 |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Zachery J. Schartner | | | Contact Title Manager | | |
| Street Address 188 Kingstown Road | | City Narragansett | | State RI | Zip 02882 |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Zachery J. Schartner | | | Manager Name | | |
| Street Address 188 Kingstown Road | | | Street Address | | |
| City Narragansett | State RI | Zip 02882 | 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 Department of State. Changes require filing Form 642. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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. | | | | | |
| Name of Authorized Person Zachery J. Schartner | | | | Date 9/20/16 | |
| Signature of Authorized Person  | | | | | |

FILED

SEP 28 2016

BY 1350 DS

MAIL TO:

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