



State of Rhode Island
and Providence Plantations
Department of State – Business Services 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. 000570059		2. Exact name of the limited liability company 361 Atwells Ave LLC			3. NAICS Code			
4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company					5. State of Formation Rhode Island			
6. Principal office address 300 Lincoln Avenue				City Warwick	State RI	Zip 02888		
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name Salvatore Eacuella, Jr.				Contact Title Member				
Street Address 300 Lincoln Avenue				City Warwick	State RI	Zip 02888		
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. (DO NOT LIST MEMBERS. FILL IN SPACES BELOW USING ATTACHED LABELS.)								
Manager Name				Manager Name				
Street Address				Street Address				
City	State	Zip	City	State	Zip	City	State	Zip
Manager Name				Manager Name				
Street Address				Street Address				
City	State	Zip	City	State	Zip	City	State	Zip
9. 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 29 2016

BY CL 1244

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2016 SEP 29 AM 9:11

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.

Salvatore Eacuella, Jr. / 9/28/2016
Signature of Authorized Person / Date

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	

Salvatore Eacuella, Jr., Member

Print or Type Name of Authorized Person