State of Rhode Island and Providence Plantations Department of State - Business Service	ces 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 Liability Company

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
121489	The Last Word	The Last Word, LLC					
3. NAICS Code	4. Brief descrip	tion of the charac	cter of business conducted in Rho	ode Island			
53 - Real Estate and Rental and	Real Estate						
5. State of Formation	1						
RI							
6. Principal Office Address	City			State	Zip		
P.O. Box 254	3ox 254			RI	02883		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Kim Dubs			Contact Title Manager				
Street Address P.O. Box 254			^{City} Peacdale	State RI	^{Zip} 02883		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Kim Dubs		Manager Name					
Street Address P.O. Box 254		Street Address					
City Peacedale	State RI	^{Zip} 02883	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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				Date			
Kim Dubs				09/08/2016			
Signature of Authorized Person Luby		0.00% (1.00)	BOUND HE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

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

