



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.<br><b>000532978</b>  | 2. Exact name of the limited liability company<br><b>235 Grand View Drive, LLC</b> |                              |                                | 3. NAICS Code<br><b>53</b>                   |     |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>real estate holding company</b>  |  |                              |                                | 5. State of Formation<br><b>Rhode Island</b> |     |
| 6. Principal office address<br><b>121 Creekside Drive</b>  |  | City<br><b>St. Augustine</b> | State<br><b>FL</b>             | Zip<br><b>32086</b>                          |     |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |  |                              |                                |  |     |
| Contact Name<br><b>Henry Leduc</b>   |  |                              | Contact Title<br><b>Member</b> |  |     |
| Street Address<br><b>121 Creekside Drive</b>   |  | City<br><b>St. Augustine</b> | State<br><b>FL</b>             | Zip<br><b>32086</b>                          |     |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> |  |                              |                                |  |     |
| 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 |
| 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**

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

BY 157 DS

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

Date

**Henry Leduc, Member**

Print or Type Name of Authorized Person

|                                 |
|---------------------------------|
| File Date                       |
| Check No.                       |
| By                              |
| FOR SECRETARY OF STATE USE ONLY |