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.	2. Exact name of the limited liability company		3. NAICS Code
545829	544 Douglas Avenue, LLC		53

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
To purchase , hold, develop, rent and sell real estate.	Rhode Island

6. Principal office address	City	State	Zip
544 Douglas Avenue	Providence	RI	02908

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Robert J. Levine	Manager		
Street Address	City	State	Zip
544 Douglas Avenue	Providence	RI	02908

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS (CHECK BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Robert J. Levine					
Street Address			Street Address		
544 Douglas Avenue					
City	State	Zip	City	State	Zip
Providence	RI	02908			
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 Orson and Brusini Ltd.

FILED

SEP 29 2016

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

BY 162165DS

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

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.

9/16/16

_____   _____
Signature of Authorized Person   Date

Robert J. Levine, Manager

_____
Print or Type Name of Authorized Person

Form 632