State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					R.1
Annual Report for the year:					
Limited Liability Company → Filing period: September 1 - November 1					ω . Sign
→ Filing Fee: \$50.00					P SO
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					<u> </u>
1. Entity ID Number	2. Exact name of the Limited Liability Company				
566158	920 Hartford Avenue, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental a	real estate				
5. State of Formation	4				
RI		•			
6. Principal Office Address			City	State	Zip
920 Hartford Avenue			Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Felice N. Magliari			Contact Title Member		
Street Address 920 Hartford Avenue			City Johnston	State RI	^{Zip} 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
			L	Check the box to inc	dicate 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					/ /
Felice N. Magliari 9/26//C					
Signature of Authorized Person IN Mylin					

MAIL TO:

Division of Business Services

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

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

OCT 3, 2016

BYLL 284984