State of Rhode Island a Department of S			es Division			
Annual Report for the year: 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.					RECEIVED R.I. DEPT. OF ST EUS SYCT DI 2016 OCT -3 PM	
1. Entity ID Number	2. Exact nam	e of the Limited I	Liability Company		<u> </u>	
117220	Place Proper	Place Properties, LLC				
3. NAICS Code 53 - Real Estate and Rental and 5. State of Formation Rhode Island	4. Brief descri Real Estate	ption of the char	racter of business conducted in	ւ Rhode Island		
6. Principal Office Address			City	State	Zip	
89 Aster Street			West Warwick	RI	02893	
7. Mailing Address of Limited Lial	bility Company	and Name or Tit				
Contact Name William F. Place		·	Contact Title Operating Manager			
Street Address 69 Aster Place			City West Warwick	State RI	^{Zip} 02893	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name William F. Place			Manager Name	Manager Name		
Street Address 69 Aster Street			Street Address			
City West Warwick	State RI	^{Zip} 02893	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					ndicate 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 deck statements, and that all stateme	are and affirm ents containe	that I have exar d herein are true	mined this report, including a e and correct.	any accompanying	schedules and	
Name of Authorized Person				Date		
William F. Place					27-16	
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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

OCT 03 2016

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