State of Rhode Island Department of S			ces Division	-		
Annual Report for the y Limited Liability Comp  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	any 1 - Novembe		cember 1.	_		
1. Entity ID Number	2. Exact name of the Limited Liability Company					
82391	<u> </u>	The Meadows Apartments, LLC				
3. NAICS Code 53 - Real Estate and Rental and	Brief description of the character of business conducted in Rhode Island     Real Estate					
5. State of Formation RI						
6. Principal Office Address 1580 Wampanoag Trail, #200E			City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited Lia	bility Company	and Name or Ti	tle of Contact Person			
Contact Name John F. Cuzzone, III			Contact Title Operating Manager			
Street Address 12 Pine Cone Dr.			City Barrington	State RI	<sup>Zip</sup> 02806	
8. List ALL managers (names ar	id addresses) (	of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST N	MEMBERS	
Manager Name John F. Cuzzone, III			Manager Name Christopher E. Cuzzone			
Street Address 12 Pine Cone Dr.			Street Address 25 Knapton St.			
City Barrington	State RI	<sup>Zip</sup> 02806	City Barrington	State RI	Zip 02806	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Island	l. This information	on is currently of re	cord with the Department of Stat	te. Changes require filing	Form 642	
Under penalty of perjury, I declar statements, and that all stateme	are and affirm	that I have exam	mined this report including	any accompanying	schedules and	
Name of Authorized Person				Date		
John F. Cuzzone, III				9/30/16	9/30/16	
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 FILED
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