	State of Rhode Island and Providence Plantations Department of State - Business Services Division						
_	4.5 41	2016					

Annual Report for the year:	2016								
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.

	lor /		Liebility Company		<u> </u>	
Entity ID Number 2. Exact name of the Limited Liability Company						
160489 TRAIL ASSOCIATES, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Real estat	e investment				
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
1481 Wampanoag Trail			East Providence	RI	02915	
7. Mailing Address of Limited Lia	bility Compa	any and Name or T				
Contact Name Gary D'Ambra			Contact Title Member			
Street Address 1481 Wampanoag Trail			City East Providence	State RI	^{Zip} 02915	
8. List ALL managers (names ar	nd addresses	s) of the Limited Li	ability Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inforr	mation is currently of	record with the Department of State.	Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and afi	firm that I have ex	amined this report, including	any accompanyin	ng schedules and	
Name of Authorized Person		Date				
Gary D'Ambra, Member				10-1-16		
Signature of Authorized Person		SIGN D	OCUMENT HERE			

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 03 2016

BY 3313 DS