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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

Entity ID Number	2. Exact name of the Limited Liability Company					
132609	Montessori on Sowams, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Hold investment properties					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
303 Sowams Road			Barrington	RI	02806	
7. Mailing Address of Limited Lia	bility Company	and Name or Title				
Contact Name Rey Ann Garcia-Mills		Contact Title Manager				
Street Address 35 John Kesson Lane			City Middletown	State RI	^{Zip} 02842	
8. List ALL managers (names ar	id addresses) of	the Limited Liabi	lity Company, IF APPLICABI	E - DO NOT LIST MI	MBERS	
Manager Name Rey Ann Garcia-Mills		Manager Name				
Street Address 35 John Kesson Lane		Street Address				
^{City} Middletown	State RI	^{Zip} 02842	City	State	Zip	
Manager Name		Manager Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<u> </u>	Check the box to inc	licate an attachment	
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of reco	ord with the Department of State	e. Changes require filing	Form 642.	
Under penalty of perjury, I deci statements, and that all statem				any accompanying	schedules and	
Name of Authorized Person	.0 -	1 .		Date		
Rey Ann Garcia-Mills, Manager	Kyllhy	Warcin-1	nus	S.pt 2	8,016	
Signature of Authorized Person	0 (-		DOMENT HERE			

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MAIL TO:

Division of Business Services

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

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