Filing Period: September 1 - November 1						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company (401) 222-3040 Limited Liability Company (201) 222-3040 Limited Liability Company failing or relusing to file is annual report within thirly (30) days after the time prescribed by law (R.I.G.L. 7- 466(8k2)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 000156255 2. Exact Name of the Limited Liability Company 1800 Mendon Road, LLC 3. State of Formation State: RI ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code 53 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RELE ESTATE State: RI Zip: 02914 Country: USA 6. MARAL STREET City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA 6. Maling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: E22 AMARAL STREET City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA Contact Title: No. and Street: E22 AMARAL STREET City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA Contact Title: No. and Street: E23 TPROVI						
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 000156255 2. Exact Name of the Limited Liability Company 1800 Mendon Road, LLC 3. State of Formation State: RI ArtTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code 53 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 62 AMARAL STREET Citly or Town: Castr PROVIDENCE State: RI Zip: 02914 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 62 AMARAL STREET Citly or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA 6. Mailing Address of Limited Liability Company, and Name or Title of Contact Person: Contact Title: No. a	Division Of Business Services					
(401) 222-3040 Limited Liability Company Number 1 November 1 Initial Liability Company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 1666(b&:0) is subject to a penalty fee of \$250. ANNUAL REPORT YEAR: 2016 1. ID No. 000156255 2. Exact Name of the Limited Liability Company 1800 Mendon Road, LLC 3. State of Formation State: RI ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code 53 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 62 AMARAL STREET City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 62 AMARAL STREET Contact Title: No and Str						
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		HODE ISLAND - DO NOT ALTER				

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ZACHARY G. DARROW, ESQ. ONE TURKS HEAD PLACE, SUITE 1200 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2016 at 4:43:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KONSTANTINOS DOKOS

Signature of Authorized Person

Form No. 632 Revised 09/07

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