| 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. | |

| 1. Entity ID Number | Į. | 2. Exact name of the Limited Liability Company | | | | | |
|---|-----------------------------|--|---------------------------------|------------------------------|-----------------------------|--|--|
| 1075335 | LOTUS REA | LOTUS REALTY, LLC | | | | | |
| 3. NAICS Code | 4. Brief desc INVEST, OV | 4. Brief description of the character of business conducted in Rhode Island INVEST, OWN, SELL MANAGE REAL ESTATE | | | | | |
| 5. State of Formation | \neg | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 9 GREAT MEADOWS LANE | | | LINCOLN | RI | 02865 | | |
| 7. Mailing Address of Limited | | y and Name or Ti | | | | | |
| Contact Name MARC W. BEAULIEU | | | Contact Title MANAGER | Contact Title MANAGER | | | |
| Street Address 9 GREAT MEAI | DOWS LANE | | City LINCOLN | State RI | ^{Zip} 02865 | | |
| 8. List ALL managers (names | s and addresses) | of the Limited Lia | | ABLE - DO NOT LIST | MEMBERS | | |
| Manager Name MARC W. BEAULIEU | | | Manager Name | Manager Name | | | |
| Street Address 9 GREAT MEADOWS LANE | | Street Address | Street Address | | | | |
| City LINCOLN | State RI | Zip 02865 | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | | _ | | | indicate an attachment | | |
| 9. Resident Agent in Rhode Isl | land. This informat | tion is currently of re | acord with the Department of St | tate. Changes require filing | ng Form 642. | | |
| Under penalty of perjury, I de statements, and that all state | leclare and affirm | m that I have exam | mined this report, including | ng any accompanying | g schedules and | | |
| Name of Authorized Person | | | Date | <u> </u> | | | |
| MARC W. BEAULIEU, MANAGER | | | | 9-1 | 14-16 | | |
| Signature of Authorized Person Main Beau | | S/GN DC | OCUMENT HERE | | | | |

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 0 5 2016

BY 1078 D FORM 632 - Revised: 08/2016