



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<br><b>143741</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>ANCHOR PROPERTY MANAGEMENT, LLC</b>                                |                             |                        |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE - PROPERTY MANAGEMENT</b> |                             |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                                         |                             |                        |                     |
| 6. Principal Office Address<br><b>44 CARRIAGE DRIVE</b>                                                                                                                                                     |       | City<br><b>PORTSMOUTH</b>                                                                                               |                             | State<br><b>RI</b>     | Zip<br><b>02871</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                         |                             |                        |                     |
| Contact Name <b>DANIEL O'CONNOR</b>                                                                                                                                                                         |       |                                                                                                                         | Contact Title <b>MEMBER</b> |                        |                     |
| Street Address <b>44 CARRIAGE DRIVE</b>                                                                                                                                                                     |       | City <b>PORTSMOUTH</b>                                                                                                  |                             | State <b>RI</b>        | Zip <b>02871</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                         |                             |                        |                     |
| Manager Name <b>N/A</b>                                                                                                                                                                                     |       |                                                                                                                         | Manager Name <b>N/A</b>     |                        |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                         | Street Address              |                        |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                     | City                        | State                  | Zip                 |
| Manager Name <b>N/A</b>                                                                                                                                                                                     |       |                                                                                                                         | Manager Name <b>N/A</b>     |                        |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                         | Street Address              |                        |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                     | City                        | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                         |                             |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                         |                             |                        |                     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |                                                                                                                         |                             |                        |                     |
| Name of Authorized Person<br><b>DANIEL O'CONNOR, MEMBER</b>                                                                                                                                                 |       |                                                                                                                         |                             | Date<br><b>10/4/16</b> |                     |
| Signature of Authorized Person<br> <b>DO NOT SIGN HERE</b>                                                               |       |                                                                                                                         |                             |                        |                     |

**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 11 2016**  
**BY** 1939 DS