

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.

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1, Entity ID Number	2. Exact name of the Limited Liability Company						
1049056	2255 COHP, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	TO ACQUIRE,OWN, HOLD, DEVELOP, MANAGE, MORTGAGE, ENCUMBER, SUBDIVIDE,SELL,						
5. State of Formation	EXCHANGE AND LEASE OTHER OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE AND						
RHODE ISLAND	TO PROVIDE SUCH SERVICES AS THE MEMBERS SHALL DEEM NECESSARY						
6. Principal Office Address			City	State	Zip		
2255 COMM.O.H. PERRY HIGHWAY			WAKEFIELD	RI	02879		
7. Mailing Address of Limited Lia	bility Compan	y and Name or Title	e of Contact Person				
Contact Name VINCENT J. SIRAVO, JR.		Contact Title Resident					
Street Address 600 KINGSTOWN ROAD			City WAKEFIELD	State RI	<sup>Zip</sup> 02879		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name ,			Manager Name				
Street Address		Street Address					
City	State	Zin	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			<u>.l</u>	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Islan	d. This informa	tion is currently of rec	ord with the Department of Stat	e. Changes require filin	g Form 642.		
Under penalty of perjury, I deci statements, and that all statem				g any accompanyin	g schedules and		
Name of Authorized Person	-(13	IRAVO	JR	Date 9	30/16		
Signature of Authorized Person SIGN DOCUMENT 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 12 2016

FORM 632 - Revised: 08/2016