	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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		1984 B. C.
Annual Report for t		
→ Filing period: Septe → Filing Fee: \$50.00		
→ Penalty: Additional \$	25.00 fee if form is not filed by December 1.	
1. Entity ID Number	2. Exact name of the Limited Liability Company	

Entity ID Number 2. Exact name of the Limited Liability Company									
509152	LTLT, LLC								
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
53 - Real Estate and Rental and OWNING, LEASING, INVESTIN			NG AND MANAGEMENT OF REAL ESTATE						
5. State of Formation									
RHODE ISLAND									
6. Principal Office Address			City	State	Zip				
P.O. BOX 6008			MIDDLETOWN	RI	02842				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name STEPHEN J. TOPI	PA		Contact Title MANAGER/MEMBER						
Street Address P.O. BOX 6008			City MIDDLETOWN	State RI	^{Zip} 02842				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Manager Name STEPHEN J. TOP	PA		Manager Name						
Street Address P.O. BOX 6008			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				
Check the box to indicate an attachment									
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.									
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.									
Name of Authorized Person	Date	. /							
STEPHEN J. TOPPA 9/26/16									
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 1 2 2016

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FORM 632 - Revised: 08/2016