State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.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. <u>000793327</u>			
2. Exact Name of the Limited Liability Company Letendre Realty LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS and a places called the ende that heat describes your husiness			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code <u>62</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PROPERTY OWNER - SINGLE BUILDING WITH MULTIPLE MENTAL HEALTH			
PRACTITIONERS			
5. Principal Office Address			
No. and Street:11 KING CHARLES DRIVE, UNIT A2City or Town:PORTSMOUTHState: RIZip:02871Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>11 KING CHARLES DRIVE, A2</u> City or Town: <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.			
DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER LETENDRE <u>11 KING CHARLES DRIVE, UNIT A2</u> PORTSMOUTH , <u>RI</u> <u>02871</u>

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

Signed this 14 Day of October, 2016 at 9:00:33 AM 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 PETER LETENDRE

Signature of Authorized Person

Form No. 632 Revised 09/07

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