

R.I. DEPT OF STATE BUS EVEN DIVERS

2016 OCT 14 PM 12: 11

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.

	f				
1. Entity ID Number	2. Exact name	of the Limited Lia			
994336	9	y aras	, LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
5. State of Formation	•	ealty	holding comp	ang	
6. Principal Office Address			City Providence	State R (Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nicholas M. Horton			Contact Title Sole Member		
Street Address 700 P	ainfield	Street	City Providence	State A 1	Zip 02909
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	Zip	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 10 - 14 - 16		
Signature of Authorized Person SIGN DOCUMENT HERE					
FIIFN 12:11pm					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

OCT 14 2016

BY C 12424242

FORM 632 - Revised: 08/2016