	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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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 790043	2. Exact name of the Limited Liability Company Northup Plat, LLC						
3. NAICS Code	ii. Onor accomption		the character of business conducted in Rhode Island				
53 - Real Estate and Rental and To hold and ma		nanage Real Es	anage Real Estate				
5. State of Formation]						
Rhode island							
6. Principal Office Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·	City	State	Zip		
1988 Louisquisset Pike			Lincoln	RI	02865		
7. Mailing Address of Limited Lia	bility Company	and Name or Title	e of Contact Person				
Contact Name Michael F. Elliott			Contact Title Manager				
Street Address 1988 Louisquisse			City Lincoln	State RI	^{Zip} 02865		
8. List ALL managers (names an	d addresses) of	the Limited Liab	ility Company, IF APPLIC	CABLE - DO NOT LIST M	IEMBERS		
Manager Name Michael F. Elliott			Manager Name John Trojan, Jr.				
Street Address 1988 Louisquisse	t Pike		Street Address 1988 Louisquisset Pike				
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865		
Manager Name		·**	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to inc	dicate an attachment		
9. Resident Agent in Rhode Island	. This information	is currently of reco	ord with the Department of S	State. Changes require filing	Form 642.		
Under penalty of perjury, I decla statements, and that all stateme	are and affirm t ents contained	hat I have exam herein are true	ined this report, includ and correct.	ling any accompanying	schedules and		
Name of Authorized Person		γ —		Date			
Michael F. Elliott	Δ		10-	5-16			
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 a OCT 1 4 2016

FORM 632 - Revised: 08/2016