(B)	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.

Entity ID Number	ntity ID Number 2. Exact name of the Limited Liability Company						
99485	HARVAN MANAGEMENT, L.L.C.						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island Real estate management							
5. Principal Office Address			City	State	Zip		
90 Ann Drive			East Greenwich	RI	02818		
6. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person				
Contact Name Stephen J. DiGia	anfilippo, Esq.		Contact Title Attorney				
Street Address 50 Park Row We	est, Suite 111		City Providence	State RI	^{Zip} 02903		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name John Vanikotis		•	Manager Name				
Street Address 90 Ann Drive			Street Address				
^{City} East Greenwich	State RI	^{Zip} 02818	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in	dicate an attachment		
8. Resident Agent in Rhode Islan	d. This information	is currently of rec	ord in the Department of State.	Changes require filing F	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			
John Vanikotis				9-26-	- 16		
Signature of Authorized Person		SIGN DO	CUMENT HERE	Nanil			
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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 1 4 2016

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