



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 131937		2. Exact name of the Limited Liability Company LACROIX FAMILY PROPERTIES, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate management			
5. Principal Office Address 15 Warren Avenue		City Cumberland	State RI	Zip 02864	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West, 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 Jacqueline P. Lacroix		Manager Name			
Street Address 15 Warren Avenue		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in 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 Jacqueline P. Lacroix			Date 9/30/16		
Signature of Authorized Person <i>Jacqueline P. Lacroix</i>		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 14 2016
BY **1830**