(B)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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2016 Annual Report for the year: _ **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 2. Exact name of the Limited Liability Company 95050 P & S MANAGEMENT, L.L.C.							
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real estate management						
5. Principal Office Address			City	State	Zip		
1280 Park Avenue			Cranston	RI	02910		
6. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person				
Contact Name Stephen J. DiGi	anfilippo, Esc	q.	Contact Title Attorney				
Street Address 50 Park Row W	est, Suite 111	I	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 Paul J. Matrullo	o, DD\$		Manager Name Sharon L. Matrullo				
Street Address 1280 Park Avenue			Street Address 1280 Park Avenue				
^{City} Cranston	State RI	Zip 02910	City Cranston	State RI	^{Zip} 02910		
Manager Name		•	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u> </u>			Check the box to it	ndicate an attachment		
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 Paul 1 Matrullo DDS Date 9-28*-/6							
radio. maddio, boo							
Signature of Authorized Person SHON 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

OCT 1 4 2016