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	2. Exact name of the Limited Liability Company
106590	**Final Property, LLC**
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Acquiring, owning and managing real estate.**

5. Principal Office Address	City	State	Zip
92 President Avenue	**Providence**	**RI**	**02906**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Stephen J. DiGianfilippo, Esq.	**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			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 ☐

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	Date
Paul E. Van Zuiden	9/24-2016
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED OL

OCT 14 2016

BY 10495

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov