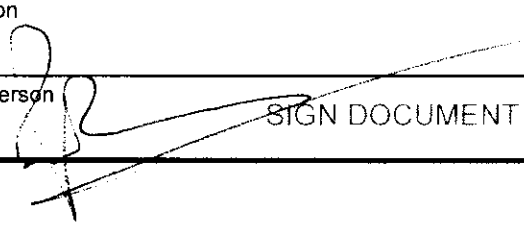




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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<br><b>106590</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Final Property, LLC</b>                                                      |      |                          |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Acquiring, owning and managing real estate.</b> |      |                          |                     |
| 5. Principal Office Address<br><b>92 President Avenue</b>                                                                                                                                                   |       | City<br><b>Providence</b>                                                                                                         |      | State<br><b>RI</b>       | Zip<br><b>02906</b> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                   |      |                          |                     |
| Contact Name<br><b>Stephen J. DiGianfilippo, Esq.</b>                                                                                                                                                       |       | Contact Title<br><b>Attorney</b>                                                                                                  |      |                          |                     |
| Street Address<br><b>50 Park Row West, Suite 111</b>                                                                                                                                                        |       | City<br><b>Providence</b>                                                                                                         |      | State<br><b>RI</b>       | Zip<br><b>02903</b> |
| 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 <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.                                                                     |       |                                                                                                                                   |      |                          |                     |
| <i>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.</i> |       |                                                                                                                                   |      |                          |                     |
| Name of Authorized Person<br><b>Paul E. Van Zuiden</b>                                                                                                                                                      |       |                                                                                                                                   |      | Date<br><b>9/24-2016</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                                   |      | SIGN DOCUMENT HERE       |                     |

**FILED**

**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