

- → 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					
142420	CARVALHO PROPERTIES, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real estate management.					
			Ta:.	l ou u		
5. Principal Office Address			City	State	Zip	
20 Scott Street			Pawtucket	RI	02860	
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 Ramiro Carvalho			Manager Name			
Street Address 20 Scott Street			Street Address			
City Pawtucket	State RI	^{Zip} 02860	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1		Check the box to in	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				Date	Date	
Ramiro Carvalho	alho Ramiro Carvatho			Oct. 1-2016		
Signature of Authorized Person SIGN DOCUMENT HERE						
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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

FILED

OCT 1 4 2015

By 1291

FORM 632 - Revised: 05/2016