| State of Rhode Island a Department of St  |   |              |
|---|---|--------------|
| Annual Report for the y<br>Limited Liability Compa<br>→ Filing period: September<br>→ Filing Fee: \$50.00 | ny  |              |
| → Penalty: Additional \$25.00   | fee if form is not filed by December 1.     |              |
| 1. Entity ID Number   | Exact name of the Limited Liability Company | <del>-</del> |

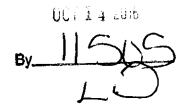
| 1. Entity ID Number<br>941173                           |                      | 2. Exact name of the Limited Liability Company  938 MAIN, LLC            |                                 |                          |                        |  |  |
|---|----------------------|--|---------------------------------|--------------------------|------------------------|--|--|
| 3. State of Formation                                   | 4. Brief desc        | Brief description of the character of business conducted in Rhode Island |                                 |                          |                        |  |  |
| Rhode Island  | Real estat           | Real estate management   |                                 |                          |                        |  |  |
| 5. Principal Office Address 938 Main Street             |                      |  | City West Warwick               | State RI                 | Zip<br>02893           |  |  |
|   |                      |  |                                 | KI                       | 02093                  |  |  |
| 6. Mailing Address of Limite Contact Name Stephen J. I  |                      | ·  | Contact Title Attorney          |                          |                        |  |  |
| Street Address 50 Park Row West, Suite 111              |                      |  | City Providence                 | State RI                 | <sup>Zip</sup> 02903   |  |  |
| 7. List ALL managers (nam                               | es and addresses)    | of the Limited Lial  | pility Company, IF APPLICAL     | BLE - DO NOT LIST        | MEMBERS                |  |  |
| Manager Name Antonio Maglioli                           |                      |  | Manager Name                    |                          |                        |  |  |
| Street Address 752 Hammet Road                          |                      |  | Street Address                  |                          |                        |  |  |
| City Coventry   | State RI             | <sup>Zip</sup> 02816   | 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 informa | ation is currently of re   | cord in the Department of State | . Changes require filing | Form 642.              |  |  |
| Under penalty of perjury, I statements, and that all st |                      |  |                                 | g any accompanyir        | ng schedules and       |  |  |
| Name of Authorized Person                               |                      |  |                                 | Date                     |                        |  |  |
| Antonio Maglioli  |                      |  |                                 | 10/3                     | 16                     |  |  |
| Signature of Authorized Per                             |                      | SIGN DC  | CUMENT HERE                     |                          | -                      |  |  |

FILED

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 632 - Revised: 05/2016