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2015 OCT 14 AM 11: 07

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
151214	316 LOCKWOOD LLC.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Purchasing, leasing, sale of real estate and any other lawful purpose					
5. State of Formation						
Rhode Island						
6. Principal Office Address	,		City	State	Zip	
316 Lockwood Street			Providence	RI	02905	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gina M. Deal			Contact Title Member			
Street Address 316 Lockwood Street			City Providence	State RI	^{Zip} 02905	
8. 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						
9. Resident Agent in Rhode Island. This information is currently of record with 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						
Gina M. Deal 1014 2016						
Signature of Authorized Person SIGN 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 **FILED**

OCT 14 2016

By 285992

FORM 632 - Revised: 08/2016