	State of Rhode Is Office	sland and Pro of the Secreta		ions Fee: \$50
	Divi	ision Of Business	Services	
	_	148 W. River S		
	Pro	ovidence RI 0290 (401) 222-304		
HOPE		(401) 222-304	40	
imited Liability Co	ompany			
Annual Report Filing Period: Septembe	r 1 - November 1			
n accordance with R.I.C		nitod liability com	nany failing or rofusir	
o file its annual report v				
6-66(b&c)) is subject to	o a penalty fee of \$25.0	00.		
ANNUAL REPORT YE	AR: <u>2016</u>			
1. ID No. <u>001089</u>	480			
2. Exact Name of the	Limited Liability Cor	mpany <u>ARG Pro</u>	operties, LLC	
3. State of Formation	1			
State: <u>RI</u>				
		ARTICLE III		
		_		
Using the following NA	ICS codes, please sele	_	est describes your b	usiness.
Using the following NA	ICS codes, please sele	_	-	usiness.
NAICS Code		ct the code that b		<u>53</u>
		ct the code that b		<u>53</u>
NAICS Code 4. Brief Description o		ct the code that b		<u>53</u>
NAICS Code 4. Brief Description o		ct the code that b		<u>53</u>
NAICS Code 4. Brief Description o REAL ESTATE	f the Character of the	ct the code that b		<u>53</u>
NAICS Code 4. Brief Description o <u>REAL ESTATE</u> 5. Principal Office Ad	f the Character of the dress	ct the code that b		<u>53</u>
NAICS Code 4. Brief Description o <u>REAL ESTATE</u> 5. Principal Office Ad No. and Street:	f the Character of the	ct the code that b		<u>53</u>
NAICS Code 4. Brief Description o <u>REAL ESTATE</u> 5. Principal Office Ad No. and Street: City or Town:	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u>	ct the code that b Business Which State: <u>RI</u>	n is Actually Condu Zip: <u>02816</u>	<u>53</u> cted in Rhode Island Country: <u>US</u>
NAICS Code 4. Brief Description o <u>REAL ESTATE</u> 5. Principal Office Ad No. and Street: City or Town:	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u>	ct the code that b Business Which State: <u>RI</u>	n is Actually Condu Zip: <u>02816</u>	<u>53</u> cted in Rhode Island Country: <u>US</u>
NAICS Code 4. Brief Description o REAL ESTATE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name:	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u> Limited Liability Con	ct the code that b Business Which State: <u>RI</u> npany and Name	n is Actually Condu Zip: <u>02816</u>	<u>53</u> cted in Rhode Island Country: <u>US</u>
NAICS Code 4. Brief Description o REAL ESTATE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: ANTH No. and Street:	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u> Limited Liability Con <u>HONY GERVASIO</u> Cont <u>PO BOX 214</u>	ct the code that b Business Which State: <u>RI</u> npany and Name tact Title:	zip: <u>02816</u>	<u>53</u> cted in Rhode Island Country: US t Person:
NAICS Code 4. Brief Description o REAL ESTATE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: ANTH No. and Street:	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u> Limited Liability Con	ct the code that b Business Which State: <u>RI</u> npany and Name	n is Actually Condu Zip: <u>02816</u>	<u>53</u> cted in Rhode Island Country: <u>US</u>
NAICS Code 4. Brief Description o REAL ESTATE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: ANTH No. and Street: City or Town:	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u> Limited Liability Con <u>HONY GERVASIO</u> Cont <u>PO BOX 214</u> <u>COVENTRY</u> s of Each Manager of	ct the code that b Business Which State: <u>RI</u> npany and Name tact Title: State: <u>RI</u>	zip: <u>02816</u> zip: <u>02816</u>	<u>53</u> cted in Rhode Island Country: <u>US</u> t Person: Country: <u>US</u>
NAICS Code 4. Brief Description o REAL ESTATE 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: ANTH No. and Street: City or Town: 7. Name and Address	f the Character of the dress <u>30 KOWAL CT</u> <u>COVENTRY</u> Limited Liability Con <u>HONY GERVASIO</u> Cont <u>PO BOX 214</u> <u>COVENTRY</u> s of Each Manager of	ct the code that b Business Which State: <u>RI</u> npany and Name tact Title: State: <u>RI</u> the Limited Liak	zip: <u>02816</u> or Title of Contact Zip: <u>02816</u> oility Company, if A	<u>53</u> cted in Rhode Island Country: <u>US</u> t Person: Country: <u>US</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KRISTEN M. HICKEY 90 HAMBURGER RD. COVENTRY, RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2016 at 5:25:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KRISTEN HICKEY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved