Limited Liability Comp Annual Report Filing Period: September 1 - 1 In accordance with R.I.G.L. 7		ary of State Services treet 04-2615	Fee: \$50.0
Annual Report Filing Period: September 1 - I In accordance with R.I.G.L. 7 to file its annual report within	148 W. River S Providence RI 029 (401) 222-30 any November 1	treet 04-2615	
Annual Report Filing Period: September 1 - I In accordance with R.I.G.L. 7 to file its annual report within	Providence RI 0290 (401) 222-30 any November 1	04-2615	
Annual Report Filing Period: September 1 - I In accordance with R.I.G.L. 7 to file its annual report within	(401) 222-30 any November 1		
Annual Report Filing Period: September 1 - I In accordance with R.I.G.L. 7 to file its annual report within	any November 1		
Annual Report Filing Period: September 1 - I In accordance with R.I.G.L. 7 to file its annual report within	November 1		
Filing Period: September 1 - In accordance with R.I.G.L. 7 to file its annual report within			
to file its annual report within	-16-66(d). each limited liabilitv com		
to file its annual report within		nany failing or refusing	
16-66(b&c)) is subject to a pe	thirty (30) days after the time prese		
	enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000797758</u>			
2. Exact Name of the Lim	ited Liability Company <u>LAKEV</u>	IEW REALTY LLC.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Lising the following NAICO	adaa miaaaa aalaat tha aada that k		
Using the following NAICS C	odes, please select the code that b	iest describes your business.	
NAICS Code		6 53	
4. Brief Description of the	Character of the Business Whicl	n is Actually Conducted in Rho	ode Island
		-	
PROPERTY OWNER			
5. Principal Office Address	\$		
	YORK AVENUE		
City or Town: <u>PAW</u>	TUCKET State:	<u>RI</u> Zip: $02861$ Country	y: <u>USA</u>
6. Mailing Address of Limi	ited Liability Company and Name	e or Title of Contact Person:	
Contact Name: Contact Ti	tla		
	YORK AVE		
	VTUCKET State: <u>RI</u>	Zip: 02861 Country:	: <u>USA</u>
	ach Manager of the Limited Lial	bility Company, if Applicable.	
DO NOT LIST MEMBERS	5		
DO NOT LIST MEMBERS	Individual Name	Address	
		Address Address, City or Town, State, Zip C	ode, Country

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

REBECCA N. WARR, ESQ. 47 BULLOCKS POINT AVENUE EAST PROVIDENCE, RI 02915

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 5:37:46 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 MAJKUT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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