| State of Rhode Island a | and Provider | nce Plantations | | | | |
|--|-----------------------------|---|---------------------------|-----------------------|----------------------|--|
| Department of S | | | s Division | | | |
| MONE. | | | | | N3 | |
| A Damast for the v | 201 | 16 | | | 3 79 | |
| Annual Report for the y- Limited Liability Compa | ear: | | | | 3 85 | |
| → Filing period: September | - | her 1 | | | | |
| → Filing Fee: \$50.00 | | | | | 4 | |
| → Penalty: Additional \$25.00 | fee if form | is not filed by Decer | mber 1. | | | |
| 1. Entity ID Number | 2 Evector | ama of the Limited Li | chility Company | | | |
| 1. Entity ID Number 120522 | | 2. Exact name of the Limited Liability Company | | | | |
| | ļ | Brief description of the character of business conducted in Rhode Island | | | | |
| 3. NAICS Code | | • | | | ļ | |
| 53 - Real Estate and Rental and | To own, se | To own, sell, lease and manage real estate and any other lawful business. | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | 6. Principal Office Address | | | State | Zip | |
| 55 Budlong Road | | | Cranston | RI | 02920 | |
| 7. Mailing Address of Limited Liab | bility Compa | any and Name or Title | | | · | |
| Contact Name Serafino V. Cazzani | | | Contact Title Member | | | |
| Street Address 55 Budlong Road | | | City Cranston | State RI | ^{Zip} 02920 | |
| 8. List ALL managers (names an | d addresses | s) of the Limited Liabi | ility Company, IF APPLICA | ABLE - DO NOT LIST ME | MBERS | |
| Manager Name None | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | • | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to indi | icate 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 | | | | | | |
| Serafino V. Cazzani | | | | 4/1 | 9/16 | |
| 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

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OCT 17 2016

By A 286071