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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

<u> </u>						
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000173993	110 MINNESOTA AVENUE LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53	REAL ESTATE RENTAL					
5. State of Formation	7		- ((2)//-			
RI						
6. Principal Office Address			City	State	Zip	
395 SHIPPEE	395 SHIPPEE ROAD			RI	02818	
7. Mailing Address of Limited Lia	ability Company	and Name or Title	of Contact Person			
Contact Name JAMES JAQUES			Contact Title			
Street Address 395 SHIPPEE ROAD			EAST GREEDWICH	State	Zip 02818	
	nd addresses) of	the Limited Liabil	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS	
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	
		<u> </u>	Che	L ck the box to indi	cate an attachment	
9. Resident Agent in Rhode Islan	d. This information	n is currently of reco	ord with the Department of State. Char			
Under penalty of perjury, I decistatements, and that all statem	lare and affirm (ents contained	that I have exami herein are true a	ined this report, including any a and correct.	ccompanying s	chedules and	
Name of Authorized Person Date						
JAMES JAQUES 10/15/16						
Signature of Authorized Person	$\overline{}$		<u> </u>	·		
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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: 08/2016