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.

	<del>-</del>	***				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
104944	INP, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531312	Real Estate					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address	rincipal Office Address			State	Zip	
1140 Reservoir Avenue	Reservoir Avenue			RI	02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Elizabeth A. Procaccianti			Contact Title Manager			
Street Address 1140 Reservoir Avenue		<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Elizabeth A. Procaccianti Manager Name						
Street Address 1140 Reservoir Avenue		Street Address				
City Cranston	State RI	<sup>Zip</sup> 02920	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Žip	
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  Elizabeth A. Procaccianti, Manager  Date  10 -18-16						
Signature Authorized Person JIGN 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 on/

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