

STAMP

Annual Report for the year: 2
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.

FOR					
SECRETARY OF STATE					
USE ONLY					

1. Entity ID Number 1335381	Exact name of the Limited Liability Company 182 Rhodes LLC					
3. NAICS Code 53 - Real Estate and Rental and	Brief description of the character of business conducted in Rhode Island real estate					
5. State of Formation Rhode Island						
6. Principal Office Address 393 Reservoir Road			City Cumberland	State RI	Zip 02864	
7. Mailing Address of Limited Lia	bility Comp	any and Name o	r Title of Contact Person			
Contact Name Glenn Bruno			Contact Title	Contact Title		
Street Address 393 Reservoir Road			City Cumberland	State RI	^{Zip} 02864	
8. List ALL managers (names an	nd addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Island	d. This inforr	nation is currently	of record with the Department of Stat	e. Changes require filin	ig Form 642.	
Under penalty of perjury, I decl statements, and that all statem	are and aff ents conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date / /		
Glenn Bruno				10/1	7/2016	
Signature of Authorized Person	My S	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

