

STAMP

FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number 1046768	Exact name of the Limited Liability Company Seven Five Six 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	•			State RI	Zip 02864		
7. Mailing Address of Limited Lia	bility Compa	any and Name or	r Title of Contact Person				
Contact Name Glenn Bruno			Contact Title				
Street Address 393 Reservoir Road		City Cumberland	State RI	^{Zip} 02864			
8. List ALL managers (names ar	nd addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
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		
	<u>. </u>		I	Check the box to	indicate an attachment		
9. Resident Agent in Rhode Islan	nd. This inforr	nation is currently	of record with the Department of Stat	e. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all staten			examined this report, including true and correct.	g any accompanyin	g schedules and		
Name of Authorized Person				Date	1		
Glenn Bruno				10/17	1/2016		
Signature of Authorized Pendon	Rys	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

