



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>134629</u>		2. Exact name of the limited liability company <u>STEVENS-TILLEY PROPERTIES LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE ENTITY FOR BELOW PROPERTY</u>			
5. Principal office address <u>1049 MAIN STREET</u>		City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>AMEY TILLEY</u>		Contact Title <u>VICE PRESIDENT</u>			
Street Address <u>1049 MAIN STREET</u>		City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name <u>AMEY TILLEY</u>		Manager Name <u>PETER STEVENS</u>			
Street Address <u>33 DION AVE</u>		Street Address <u>1000 GREEN HILL BEACH ROAD</u>			
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____
 Check No. _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Amy Tilley Vice President 10-18-16
 Signature of Authorized Person Date

AMEY TILLEY FILED
 Print or Type Name of Authorized Person

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 By _____
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