

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.

1. Entity ID Number 000650885		2. Exact name of the Limited Liability Company Yet Another LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate Holding			
5. Principal Office Address 41 Central Street		City Providence	State RI	Zip 02907	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nicholas Bauta		Contact Title Owner			
Street Address 532 Kinsley Avenue		City Providence	State RI	Zip 02909	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person				Date	
Signature of Authorized Person					

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
OCT 21 2016
BY 2087 QS