	State of Rhode Island and Prov Department of State -	idence Plantations Business Services Divis	ion	
Annua	I Report for the year:	2016		
	d Liability Company			
	ng period: September 1 - Nov	vember 1		

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company								
158529	29 A & H Realty, LLC								
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
53 - Real Estate and Rental and Purchase, sale and management			ent of real estate.						
5. State of Formation									
RI									
6. Principal Office Address			City	State	Zip				
900 Wellington Avenue			Cranston	RI	02910				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name James E. Hines			Contact Title Member						
Street Address 900 Wellington A	venue		City Cranston	State RI	<sup>Zip</sup> 02910				
8. 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				
	ck the box to indi	cate 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	Date								
James E. Hines	10/7/2016								
Signature of Authorized Person  C  And As a College de le									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

