

Annual Report for the year: **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.

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2016 C	7721	Pil	!:5}

1. Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company						
801472	521 Roosevel	t LLC			<u></u>			
3. NAICS Code	4. Brief descrip	tion of the charac	cter of business conducted in Rhod	de Island				
53 - Real Estate and Rental ar	Real Estate de	evelopment, inve	estment, management and holdii	ngs	!			
5. State of Formation					!			
Rhode Island								
6. Principal Office Address			City	State	Zip			
521 Roosevelt Ave			Central Falls	RI	02863			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Louis C Yip			Contact Title Member					
Street Address 521 Roosevelt Ave			City Central Falls	State RI	^{Zip} 02863			
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			
Check the box to indicate 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				
Louis C Yip			<u> </u>	10/20/2016	<u></u>			
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