RI SOS Filing Number: 201610844750 Date: 10/24/2016 4:00 PM

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.	2. Exact name of the limited liability company		
504895	James Place, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	To Hold Real Estate		
5. Principal office address	City	State	Zip
130 Fletcher Road	North Kingstown	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title		
Rebecca Quattrocchi	Owner		
Street Address	City	State	Zip
130 Fletcher Road	North Kingstown	RI	02852

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Rebecca Quattrocchi	
Street Address	Street Address
130 Fletcher Road	
City / State / Zip	City / State / Zip
North Kingstown RI 02852	
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.

RECEIVED
2016 OCT 24 PM 2:20
R.I. SECRETARY OF STATE
BUSINESS SERVICES DIV.

FILED
OCT 24 2016
By 286720

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.

Rebecca Quattrocchi 10/21/16
Signature of Authorized Person Date

Rebecca Quattrocchi
Print or Type Name of Authorized Person

Form No. 632
Revised 01/2011 148901/264711