| s s | tate of Rhode Island and Pro Office of the Secreta | | 0.00 |
|---|--|---|------|
| HOPE | Division Of Business 148 W. River S Providence RI 0290 (401) 222-30 | treet 04-2615 | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: | <u>2016</u> | | |
| 1. ID No. 001658315 | | | |
| 2. Exact Name of the Limited Liability Company Swan Properties, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | |
| NAICS Code <u>53</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| REAL ESTATE | | | |
| 5. Principal Office Addre | SS | | |
| | POST ROAD, BOX #204 FH KINGSTOWN | State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u> | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| No. and Street: 7715 | NY M. COLETTA Contact Title: POST ROAD, BOX #204 H KINGSTOWN | State: <u>RI</u> zip: <u>02852</u> Country: <u>USA</u> | Ā |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| MANAGER | ANTHONY M. COLETTA | 7715 POST ROAD, BOX #204 NORTH KINGSTOWN, RI 02852 USA | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MCLAUGHLIN & QUINN, LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE, RI 02904

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of October, 2016 at 3:24:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY M. COLETTA

Signature of Authorized Person

Form No. 632 Revised 09/07

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