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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 20/6

- → 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	2. Exact name of the Limited Liability Company					
146432	Connerton Rea 18 state LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	Rental property					
Rhode Island	1					
6. Principal Office Address			City	State	Zip	
52 Ham mond St			Newport	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name . William H · Councertou			Contact Title Same			
Street Address 52 Hammand St.			City Newport	State T	Zip 2840	
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						
William H	.Conne	Hou		10/21	12016	
Signature of Authorized Person						
Signature of Authorized Person  William H SIGN DOCUMENT HERE						
				-	TLED	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 2.4 2016

By 1