



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2016  
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.

|                                                                                                                                                                                                      |                    |                                                                                                                                                                       |      |                         |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|---------------------|
| 1. Entity ID Number<br><u>149267</u>                                                                                                                                                                 |                    | 2. Exact name of the Limited Liability Company<br><u>One American Way, LLC</u>                                                                                        |      |                         |                     |
| 3. NAICS Code<br><u>53</u> <input type="checkbox"/>                                                                                                                                                  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>development, acquisition, construction, ownership, sale or lease of real estate</u> |      |                         |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                    |                                                                                                                                                                       |      |                         |                     |
| 6. Principal Office Address<br><u>375 Commerce Park Road</u>                                                                                                                                         |                    | City<br><u>North Kingstown</u>                                                                                                                                        |      | State<br><u>RI</u>      | Zip<br><u>02852</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                                                                                       |      |                         |                     |
| Contact Name<br><u>Mark Shorlin</u>                                                                                                                                                                  |                    | Contact Title                                                                                                                                                         |      |                         |                     |
| Street Address<br><u>375 Commerce Park Road</u>                                                                                                                                                      |                    | City<br><u>North Kingstown</u>                                                                                                                                        |      | State<br><u>RI</u>      | Zip<br><u>02852</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                                                                                       |      |                         |                     |
| Manager Name<br><u>Mark Shorlin</u>                                                                                                                                                                  |                    | Manager Name                                                                                                                                                          |      |                         |                     |
| Street Address<br><u>375 Commerce Park Road</u>                                                                                                                                                      |                    | Street Address                                                                                                                                                        |      |                         |                     |
| City<br><u>North Kingstown</u>                                                                                                                                                                       | State<br><u>RI</u> | Zip<br><u>02852</u>                                                                                                                                                   | City | State                   | Zip                 |
| Manager Name                                                                                                                                                                                         |                    | Manager Name                                                                                                                                                          |      |                         |                     |
| Street Address                                                                                                                                                                                       |                    | Street Address                                                                                                                                                        |      |                         |                     |
| City                                                                                                                                                                                                 | State              | Zip                                                                                                                                                                   | City | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |                    |                                                                                                                                                                       |      |                         |                     |
| 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<br><u>Mark Shorlin, Manager</u>                                                                                                                                            |                    |                                                                                                                                                                       |      | Date<br><u>10-14-16</u> |                     |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                 |                    |                                                                                                                                                                       |      | SIGN DOCUMENT HERE      |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
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