| (China) |
|---------|
|         |

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.

|   | <del></del>  |  | <u> </u>                              |                          |                        |  |  |
|---|--|--|---------------------------------------|--------------------------|------------------------|--|--|
| 1. Entity ID Number   | 2. Exact name  | 2. Exact name of the Limited Liability Company |                                       |                          |                        |  |  |
| 733884  | Slattery   | Slattery Realty LLC                            |                                       |                          |                        |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |  |                                       |                          |                        |  |  |
| 53  |  | •  |                                       |                          |                        |  |  |
|   | real estate and investment management                                    |  |                                       |                          |                        |  |  |
| 5. State of Formation   |  |  |                                       |                          | •                      |  |  |
| . RI  |  | <u></u>  |                                       | _                        |                        |  |  |
| 6. Principal Office Address                                     |  |  | City                                  | State                    | Zip                    |  |  |
| 33 Hastings Avenue  | ne   |  | Pawtucket                             | RI                       | 02861                  |  |  |
| 7. Mailing Address of Limited Lia                               | bility Company   | and Name or Til                                | Lile of Contact Person                |                          |                        |  |  |
| Contact Name<br>Christine Luchun                                |  |  | Contact Title                         |                          |                        |  |  |
| Street Address<br>1251 Snake Hill Road                          |  |  | City North Scituate                   | State RI                 | Zip 02857              |  |  |
| 8. List ALL managers (names ar                                  | nd addresses) o  | f the Limited Lia                              | bility Company, IF APPLICABLE         | - DO NOT LIST ME         | MBERS                  |  |  |
| Manager Name<br>Christine Luchun                                | Manager Name   |  |                                       |                          |                        |  |  |
| Street Address<br>1251 Snake Hill Road                          |  |  | Street Address                        |                          |                        |  |  |
| City<br>North Scituate  | State<br>RI  | Zip<br>02857                                   | City                                  | State                    | Zip                    |  |  |
| Manager Name  |  |  | Manager Name                          |                          |                        |  |  |
| Street Address  |  |  | Street Address                        |                          |                        |  |  |
| City  | State  | Zip  | City                                  | State                    | Zip                    |  |  |
|   |  |  |                                       | Check the box to ind     | licate an attachment [ |  |  |
| 9. Resident Agent in Rhode Islan                                | id. This information   | on is currently of re                          | ecord with the Department of State. C | Changes require filing ( | Form 642,              |  |  |
| Under penalty of perjury, I decistatements, and that all statem |  |  |                                       | ny accompanying :        | schedules and          |  |  |
| Name of Authorized Person                                       |  |  |                                       | Date                     | 1.                     |  |  |
| Christine Luchun 10/20/16                                       |  |  |                                       |                          | 116                    |  |  |
| Signature of Authorized Person                                  | Kub_   | sign DC  | OCUMENT HERE                          |                          |                        |  |  |

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 2 4 2016

FORM 632 - Revised: 08/2016