Thy way 2

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						
125 75	2. Exact	name of the Lim	nited Liability Company			
122926	11	Middle +	town Plaza	W LLC		
3. NAICS Code	4. Brief d	Brief description of the character of business conducted in Rhode Island				
1 22						
5. State of Formation	$\dashv$	Comme	ercial prope	orti		
1 1/21		<u> </u>	The prope	110		
6. Principal Office Address			<del></del>			
122 Mallena Vil	10001	Building	City	State	Zip	
7 Mailing Address of Limited	1 Muc	DUBING	15 WARWICK	K I KI	02889	
7. Mailing Address of Limited L	Liability Comp	any and Name c				
DKIAN BUCCI			Contact Title	toing Mem	hor	
Street Address PD BO	x 618	,	City (1) Apr. Dic 10	State 0	Zip D288 A	
8. List ALL managers (names a Manager Name	and addresse	s) of the Limited	Liability Company, IF APPLIC	CARLE - DO NOT LIST		
Manager Name			Manager Name	ADEL - DO NOT LIGH	MEMBERS	
Street Address						
	<u>-</u>		Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	<del></del>		Manager Name			
Street Address						
			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islar Under penalty of periury, I dec	nd. This informa	ation is currently of	f record with the Department of St			
Under penalty of perjury, I dec statements, and that all statem	lare and affir	m that I have e	xamined this report, includir	ng any accompanying	chadulas and	
Name of Authorized Person	^	ied nerein are u	rue and correct.		Solichales alla	
	SRIAD	_ Bycc	21	Date	9/2016	
Signature of Authorized Person	//				711014	

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 O

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