| State of Rhode Island a  | and Providence   | Plantations          |                                 |                    |                    |  |
|--|--|----------------------|---------------------------------|--------------------|--------------------|--|
| Department of S  |  |                      | s Division                      |                    | N3                 |  |
| Hors   |  |                      |                                 |                    |                    |  |
|  | 0040   |                      |                                 |                    | 3 3                |  |
| Annual Report for the year: 2016   |  |                      |                                 |                    |                    |  |
| Limited Liability Company  |  |                      |                                 |                    |                    |  |
| → Filing period: September 1 - November 1  |  |                      |                                 |                    | 3 30               |  |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.  |  |                      |                                 |                    |                    |  |
| 7 i chaity. Additional \$25.50   |  | lot med by Decem     | ibel I.                         |                    | <b>5</b>           |  |
| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                           |                      |                                 |                    | တ                  |  |
| 358062   | VIOLET PROPERTIES, LLC   |                      |                                 |                    |                    |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                      |                                 |                    |                    |  |
| 53 - Real Estate and Rental and  | REAL ESTATE INVESTMENTS  |                      |                                 |                    |                    |  |
| 5. State of Formation  | 4  |                      |                                 |                    |                    |  |
| RHODE ISLAND   |  |                      |                                 |                    |                    |  |
| -  | <u> </u>   |                      | Tour                            | Total              | T-z:               |  |
| 6. Principal Office Address  |  |                      | City<br>MENDON                  | State<br>MA        | Zip<br>01756       |  |
| 13 DUDLEY ROAD   |  |                      | l                               | I WIA              | 01/30              |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                                 |                    |                    |  |
| Contact Name WILLIAM J. LEONARD  |  |                      | Contact Title MEMBER            |                    |                    |  |
| Street Address SAME  |  |                      | City                            | State              | Zip                |  |
|  | nd addresses) o  | f the Limited Liabil | lity Company, IF APPLICABLE - [ | OO NOT LIST ME     | MBERS              |  |
| Manager Name NONE  |  |                      | 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                |  |
|  | <u>[</u>   | <u>.l</u>            | Che                             | ck the box to indi | cate an attachment |  |
| 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 dec  | lare and affirm  | that I have exam     | ined this report, including any |                    |                    |  |
| statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date                            |  |                      |                                 |                    |                    |  |
| WILLIAM J. LEONARD   |  |                      |                                 | 10/14/14           |                    |  |
| Signature of Authorized Person   | 7//  | ZSIGN DOC            | LIMENT 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 25 2016

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