HOPE	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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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	2 Exact nar	me of the Limited Lia	shility Company		<u>, </u>		
106186	Benick Rea		ability Company		•		
3. NAICS Code							
53 - Real Estate and Rental and		and rental of resid		d in Knode Island			
5. State of Formation	1		ionida rour codate		·		
Rhode Island							
6. Principal Office Address	<u> </u>		City	State	Zip		
100 Cherry Hill Drive			Seekonk	MA	02771		
7. Mailing Address of Limited Lia	bility Compar	y and Name or Title	of Contact Person	,			
Contact Name Donald R. Chevre	tte		Contact Title Member				
Street Address 100 Cherry Hill Di	rive	· · · · · · · · · · · · · · · · · · ·	City Seekonk	State MA	^{Zip} 02771		
8. List ALL managers (names an	d addresses)	of the Limited Liabi	lity Company, IF APPLIC	ABLE - DO NOT LIST M	EMBERS		
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 indicat							
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 deci statements, and that all statem	are and affir ents contain	m that I have exam ed herein are true	nined this report, includ and correct.	ing any accompanying	schedules and		
Name of Authorized Person					/ /		
Donald R. Chevrette					18/16		
Signature of Authorized Person	mitte		the second second a				

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 Q-

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