Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7 - 16-66(d), each limited liability company tailing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7 - 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No. 000127051         2. Exact Name of the Limited Liability Company LA GINESTRA, LLC         3. State of Formation         State: RI         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       53         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode         REAL ESTATE HOLDING COMPANY         5. Principal Office Address         No. and Street:       105 DAVIS DRIVE City or Town:       Zip: 02859       Country: U         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: RICHARD STPIERRE Contact Title: OFO No. and Street:       105 DAVIS DRIVE City or Town:       PASCOAG       State: RI       Zip: 02859       Country: U <td c<="" th=""><th></th><th></th><th></th><th></th><th>ions Fee: \$5</th></td>	<th></th> <th></th> <th></th> <th></th> <th>ions Fee: \$5</th>					ions Fee: \$5
Providence RI 02904-2615 (401) 222-3040		Division Of	Business Se	rvices		
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Contact Name:       RICHARD STPIERRE       Contact Title:       CFO         No. and Street:       105 DAVIS DRIVE         City or Town:       PASCOAG       State: RI       Zip:       02859       Country: L         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	Mailing Address of	Limited Liebility Company		Title of Contact	Porcon	
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	y or Iown: <u>F</u>	<u>ASCOAG</u>	State: <u>RI</u>	Zip: <u>02859</u>	Country: <u>USA</u>	
			nited Liabilit	y Company, if A	pplicable.	
Title Individual Name Address	Title	Individual Name		A	ddress	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code,						
MANAGER STEFANO DUKCEVICH 105 DAVIS DRIVE PASCOAG, RI 02859-0106 USA		First, Middle, Last, Suff				
	MANAGER			105		

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 26 Day of October, 2016 at 9:25:52 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By **<u>RICHARD STPIERRE</u>**

Signature of Authorized Person

Form No. 632 Revised 09/07

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