	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability C	ompany	
Annual Report Filing Period: Septembe	er 1 - November 1	
	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	o a penalty fee of \$25.00.	
ANNUAL REPORT YE	AR: <u>2016</u>	
1. ID No. <u>000485</u>	5577	
2. Exact Name of the	e Limited Liability Company ANGLE Properties LLC	
3. State of Formation	n	
State: <u>RI</u>		
	ARTICLE III	
Using the following NA	ARTICLE III	
Using the following NA	NICS codes, please select the code that best describes your business.	
NAICS Code	AICS codes, please select the code that best describes your business. $\underline{6}$	
NAICS Code	NICS codes, please select the code that best describes your business.	e Island
NAICS Code	AICS codes, please select the code that best describes your business. $\underline{6}$	e Island
NAICS Code 4. Brief Description o	AICS codes, please select the code that best describes your business.	e Island
NAICS Code	AICS codes, please select the code that best describes your business.	e Island
NAICS Code 4. Brief Description o <u>PROPERTY MANA</u> 5. Principal Office Ad	AICS codes, please select the code that best describes your business.	e Island
NAICS Code 4. Brief Description o PROPERTY MANA 5. Principal Office Ad No. and Street: 14	AICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Description o PROPERTY MANA 5. Principal Office Ad No. and Street: 14	AICS codes, please select the code that best describes your business.	e Island y: <u>USA</u>
NAICS Code 4. Brief Description o PROPERTY MANA 5. Principal Office Ad No. and Street: 14 City or Town: N/	AICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Description o PROPERTY MANA 5. Principal Office Ad No. and Street: 14 City or Town: NA 6. Mailing Address of	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode <u>GEMENT</u> Idress <u>45 BOON STREET, UNIT 6</u> <u>ARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Country f Limited Liability Company and Name or Title of Contact Person:	
NAICS Code 4. Brief Description o PROPERTY MANA 5. Principal Office Ad No. and Street: 14 City or Town: NA 6. Mailing Address of Contact Name: Cont	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode <u>GEMENT</u> Idress <u>45 BOON STREET, UNIT 6</u> <u>ARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Country f Limited Liability Company and Name or Title of Contact Person: tact Title:	
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NAICS Code 4. Brief Description o PROPERTY MANA 5. Principal Office Ad No. and Street: 14 City or Town: N/ 6. Mailing Address of Contact Name: Cont No. and Street: 14 City or Town: N/ F. Mailing Address of Contact Name: Cont No. and Street: 14 City or Town: N/ Address 14 City or Town: N/ 7. Name and Address 14	AICS codes, please select the code that best describes your business. 53 of the Character of the Business Which is Actually Conducted in Rhode GEMENT Idress IS BOON STREET, UNIT 6 ARRAGANSETT State: RI Zip: 02882 Country f Limited Liability Company and Name or Title of Contact Person: tact Title: 5 BOON STREET, UNIT 6 ARRAGANSETT State: RI Zip: 02882 Country s of Each Manager of the Limited Liability Company, if Applicable.	y: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANDREW GIANNETTO 145 BOON STREET, UNIT 6 NARRAGANSETT , RI 02882

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

Signed this 27 Day of October, 2016 at 11:07:15 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>ANDREW GIANNETTO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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