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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2016 OCT 27 AH 10: 46

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.

4 Catity IO Number	Io Fuertee		- J. L L. 12 O				
1. Entity ID Number 160173	2. Exact name of the Limited Liability Company 112 Douglas Avenue Associates, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	· ·						
5. State of Formation	7						
RI							
6. Principal Office Address			City	State	Zip		
143 Smithfield Road			North Providence	RI	02904		
7. Mailing Address of Limited Lia	bility Compar	ny and Name or					
Contact Name Azarig Koololan			Contact Title Manager	Contact Title Manager			
Street Address 143 Smithfield Road		City North Providence	State RI	^{Zip} 02904			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	Check the box to indicate an attachment						
9. Resident Agent in Rhode Islan	d. This informa	ation is currently o	of record with the Department of State.	Changes require fili	ng Form 642.		
Under penalty of perjury, I decistatements, and that all statem			examined this report, including a true and correct.	ny accompanyir	g schedules and		
Name of Authorized Person			Date				
Azarig Kooloian				10/27/16			
Signature of Authorized Person Wan Lowlini							
FILED							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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