



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>790072</b>		2. Exact name of the limited liability company <b>Mustang, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>to acquire, own, hold, improve, manage, operate and sell real property and any and all lawful business thereto</b>	
5. Principal office address <b>16 White Rock Road</b>		City <b>Coventry</b>	State <b>RI</b>
		Zip <b>02816</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON			
Contact Name <b>Armand L. Ethier</b>		Contact Title <b>Member</b>	
Street Address <b>16 White Rock Road</b>		City <b>Coventry</b>	State <b>RI</b>
		Zip <b>02816</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>ARMAND ETHIER</b>		Manager Name	
Street Address <b>16 WHITE ROCK RD</b>		Street Address	
City <b>COVENTRY</b>	State <b>R.I.</b>	Zip <b>02816</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED  
OCT 27 2016  
By 287042  
A.A.  
2016 OCT 27 AM 10:31  
R.I. DEPT OF STATE  
BUS SVCS DIV

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Armand L. Ethier 10-20-2016  
Signature of Authorized Person Date

Armand L. Ethier, Member

Print or Type Name of Authorized Person