

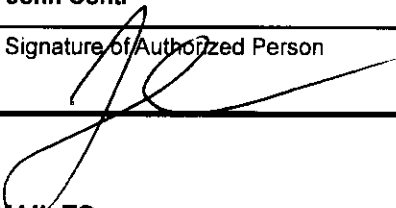


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 812215 | | 2. Exact name of the Limited Liability Company Molly's Place, LLC | | | |
| 3. NAICS Code 53 - Real Estate and Rental and | | 4. Brief description of the character of business conducted in Rhode Island Acquiring, developing, owning, leasing, mortgaging, managing, operating, selling and otherwise disposing of real estate | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 296 George Washington Highway | | City Smithfield | | State RI | Zip 02917 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name John Conti | | | Contact Title President | | |
| Street Address 296 George Washington Highway | | | City Smithfield | | State RI Zip 02917 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| 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 indicate an attachment <input type="checkbox"/> | | | | | |
| 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 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. | | | | | |
| Name of Authorized Person John Conti | | | | Date 10-22-16 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

FILED

OCT 27 2016

BY 9183 A.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