| State of Rhode Island and Pro Department of State - | | |
|---|-------------|--|
| Annual Report for the year: Limited Liability Company | 2016 | |
| > Filing posited Contember 1 No | | |

→ 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 | O. Freedman of the United Highlith. Occurrence | | | | | | | |
|--|---|-----------------------------|----------------------|----------------------|-------|--|--|--|
| • | 2. Exact name of the Limited Liability Company | | | | | | | |
| 174415 | DiPrete Family Properties, LLC | | | | | | | |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| RHODE ISLAND | Own and Rent Real Estate | | | | | | | |
| | | | | | | | | |
| 5. Principal Office Address | City State Zip | | | | | | | |
| • | | | Warwick | RI | 02888 | | | |
| 515 Narragansett Parkway | | | Warwick | RI | 02000 | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | |
| Contact Name Stephanie P. DiPrete | | | Contact Title Member | | | | | |
| Street Address 4238 Coolidge Avenue | | ^{City} Los Angeles | State CA | ^{Zip} 90066 | | | | |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | |
| Manager Name None | | | 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 | | | | | | | | |
| 8. Resident Agent in Rhode Island. This information is currently of record in 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 Date | | | | | | | | |
| Stephanie P. DiPrete 10/2/16 | | | | | | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

