State of Rhode Island and Providence Plantations Department of State - Business Services Division			
Annual Report for the year:			
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.			

7 Ferranty: Additional \$25.00	ice ii ioiiii ia i		noci 1.			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
877699	Twin States, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Own and manage commercial properties and to transact any and all lawful business.					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
960 Reservoir Avenue			Cranston	RI	02920	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		•	
Contact Name Robert T. Baborian			Contact Title Memeber			
Street Address 7835 S. Rainbow Boulevard, Suite 4-86			City Las Vegas	State NV	^{Zip} 89139	
8. List ALL managers (names an	id addresses) o	of the Limited Liabi	lity Company, IF APPLICABL	E - DO NOT LIST M	IEMBERS	
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 in	dicate an attachment	
9. Resident Agent in Rhode Islan						
Under penalty of perjury, I deci statements, and that all statem				any accompanying	schedules and	
Name of Authorized Person			Date	/		
Robert T. Baborian			10/24	/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 FILED

OCT 2 7 2016

__FORM 632 - Revised: 08/2016