State of Rhode Island and Providence Plantations						
Department of State - Business Services Division						
HOPE					2	
Annual Report for the ye	ear. 2010	6			3 p	
Limited Liability Compa						
→ Filing period: September	-	ber 1				
→ Filing Fee: \$50.00				_		
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					· 530	
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
1061496		Winterberry Road, LLC				
3. NAICS Code	4. Brief des	scription of the c	character of business conducted	d in Rhode Island		
53 - Real Estate and Rental and	Real Estat	Real Estate				
5. State of Formation	<b>1</b>					
Rhode Island						
6. Principal Office Address			City	State	Zip	
36 Vermont Avenue, Suite 4			Warwick	RI	02888	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Emily-Beth Torgan Kheradi			Contact Title			
Street Address 26 Kiley Way			City Coventry	State RI	<sup>Zip</sup> 02816	
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 ir	ndicate an attachment	
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 decl statements, and that all statem	are and affi ents contai	rm that I have on the ned herein are	examined this report, including true and correct.	ng any accompanying	schedules and	
Name of Authorized Person Date 9/					1	
					2016	
Signature of Authorized Person  LUCA 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

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