

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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	2. Exact na	ame of the Limi	ited Liability Company			
796571	Seawinds Condominium Association, LLC					
3. NAICS Code 53 - Real Estate and Rental and	Brief description of the character of business conducted in Rhode Island     To Provide Condominium Association Management and do all things incidental thereto.					
5. State of Formation Rhode Island	1			•		
6. Principal Office Address 2010 Mineral Spring Avenue			City North Providence	State RI	Zip 02911	
7. Mailing Address of Limited Lia	bility Compa	ny and Name o	or Title of Contact Person			
Contact Name Frank DiBiase, Jr.			Contact Title Member	Contact Title Member		
Street Address 2010 Mineral Spring Avenue			City North Providence	State RI	<sup>Zip</sup> 02911	
8. List ALL managers (names an	d addresses	) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			(	LCheck the box to in	ndicate an attachment	
<ol><li>Resident Agent in Rhode Island</li></ol>	d. This informa	ition is currently	of record with the Department of State (	Changes require filin	a Form 642	
Under penalty of perjury, I declar statements, and that all stateme	are and affin	m that I have :	evamined this report including	ny accompanying	g schedules and	
Name of Authorized Person				Date		
Frank DiBiase, JR	e de la companya de La companya de la co			Date / D- J	5-16	
Signature of Authorized Person		1	7			
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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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By FORM 6123 Ravised: 08/2016