State of Rhode Island a Department of St			ces Division	<u>.</u>		
Annual Report for the y	2016					
Limited Liability Compa						
→ Filing period: September	-	er 1				
→ Filing Fee: \$50.00		•		_		
-> Penalty: Additional \$25.00	fee if form is	not filed by De	cember 1.	_		
	I a Front Par	no of the Limiter	I Liability Company			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
110892	DOVE STREET ENTERPRISES, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental an						
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address	<u> </u>		City	State	Zip	
120 RIVERSIDE DRIVE			RIVERSIDE	Ri	02915	
7. Mailing Address of Limited Lia	hility Compa	ny and Name or	Title of Contact Person			
Contact Name BARRY PRESS	Jimy Jonipa.	.,	Contact Title MEMBER			
Street Address 120 RIVERSIDE DRIVE			City RIVERSIDE	State RI	^{Zip} 02915	
8. List ALL managers (names ar	nd addresses	of the Limited L	iability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name	id dddioscos,	, 0. 0.0	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Žip	
Manager Name	<u></u>		Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	ation is currently o	f record with the Department of St	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec	lare and affi	rm that I have e	examined this report, including			
statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date		
BARRY PRESS				OCTOBER 27, 2016		
Signature of Authorized Person	///		- :			
	-/-//					

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

001312016

FORM 632 - Revised: 08/2016