	State of Rhode Island and Providence Plantations				
(S)	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 662931							
3. State of Formation							
Rhode Island	Real estate m	nanagement					
5. Principal Office Address			City	State	Zip		
133 Greenville Avenue			Johnston	RI	02919		
6. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person				
Contact Name Stephen J. DiGia	anfilippo, Esq.		Contact Title Attorney				
Street Address 50 Park Row We	est, Suite 111		<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Anne Marie Pat	riarca		Manager Name				
Street Address 133 Greenville A	venue		Street Address				
City Johnston	State RI	<sup>Zip</sup> 02919	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						
Anne Marie Patriarca		\		10/4	12016		
Signature of Authorized Person SIGN DOCUMENT HERE							

**FILED** 

OCT 31 2016

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov By 115-16 KM