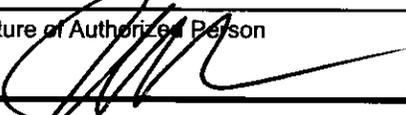




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 88401		2. Exact name of the Limited Liability Company EQUI-MAX, LLC			
3. NAICS Code 53 - Real Estate and Rental a <input type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island To engage in any business permitted LLC's under the Act			
5. State of Formation RI					
6. Principal Office Address 498 BROADWAY		City PROVIDENCE	State RI	Zip 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name FRANK S. MIELE			Contact Title MEMBER		
Street Address 498 BROADWAY		City PROVIDENCE	State RI	Zip 02909	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name FRANK S. MIELE			Manager Name		
Street Address 498 BROADWAY			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Frank S. Miele				Date 10/1/16	
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 31 2016
 By 8368
 KM