State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 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 name of the Limited Liability Company				
166837	MIDDLE WOODS, LLC				
3. NAICS Code	4. Brief description of the character of business				
53 - Real Estate and Rental ar	Real Estate				

3. NAICS Code 53 - Real Estate and Rental ar 5. State of Formation RI 6. Principal Office Address 165 Lenihan Lane 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Guy Asadorian Jr. Street Address 165 Lenihan Lane City East Greenwich State RI Zip 02818 Zip 02818 Zip 02818 Zip 02818 Zip 02818 Zip 02818 Street Address City East Greenwich State RI Zip 02818 Street Address City State Street Address Street Address City State State Street Address Street Address Street Address Street Address Street Address Street Address	166837	MIDDLE WOODS, ELC					
5. State of Formation RI 6. Principal Office Address 165 Lenihan Lane Contact Person Contact Name Guy Asadorian Jr. Contact Title Member Street Address 165 Lenihan Lane City East Greenwich State RI Zip 02818 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address	3. NAICS Code						
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ony state Zp	City	State Zip	City	State	Zip		
Check the box to indicate an attact				heck the box to inc	dicate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.	9. Resident Agent in Rhode Island	1. This information is currently of reco	ord with the Department of State. C	hanges 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.	Under penalty of perjury, I decla statements, and that all stateme	are and affirm that I have examents contained herein are true	ined this report, including ar and correct.	ny accompanying	schedules and		
Name of Authorized Person Date	Name of Authorized Person						
Guy Asadorian, Jr. October ³ l, 2016	Guy Asadorian, Jr.			October ³ /, 2016			
Signature of Authorized Person SIGN BORUMENT HERE Lung Rockhoz	Signature of Authorized Person	JISIGN BOX	ZUMENT 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 CILED

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By \$ 287427