

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

Rhode Island  5. Principal office address 31 Governor Street  6. MAILING ADDRESS OF LIMITED Contact Name Wialliam Conti Street Address 31 Governor Street  7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	eal Estate	tion of the charac Commercia	Renting	e Island						
6. MAILING ADDRESS OF LIMITED Contact Name Wialliam Conti Street Address 31 Governor Street 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	LIABILITY		City		Brief description of the character of business conducted in Rhode Island     Real Estate Commercial Renting					
Contact Name Wialliam Conti Street Address 31 Governor Street 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	LIABILITY		City Providence	State RI	Zip <b>02906</b>					
Street Address 31 Governor Street 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)		COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:						
7. LIST ALL MANAGERS (NAMES A				Contact Title						
("X" BOX FOR ATTACHMENT)				State RI	Zip <b>02906</b>					
Manager Name	AND ADDRE	SSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS					
lanager Name		Manager Name								
Street Address			Street Address							
City Sta	ite	Zip	City	State	Zip					
Manager Name	r Name		Manager Name							
Street Address			Street Address							
City Sta	te	Zip	City	State	Zip					
8. RESIDENT AGENT IN RHODE ISL	AND									
This information is currently of reco	ard in the O	ffice of the Secr	etary of State, Changes require f	iling Form 642						

File Date		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.		
Check No		(III)	10-1-16	
By:		Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	A War Street Wald	William Conti		
FOR SECRETARY OF STATE USE ONLY	st to a firm had	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012 OCT 31 2016

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