| 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 | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------|---------------------------------------|-----------------------|---------|--|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
| 514661 | Rami Associates, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 53 | Real Estate | | | | | | |
| 5. State of Formation | 1 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 26 Loring Avenue | | | Providence | RI | 02906 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Diana M. Cardi | | | Contact Title Member | | | | |
| Street Address 26 Loring Avenue | | City Providence | State RI | ^{Zip} 02906 | | | |
| 8. List ALL managers (names ar | nd addresses) of | the Limited Liabi | lity Company, IF APPLICABLE - I | OO NOT LIST ME | MBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name Manager Name | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Check the box to indicate an attachment | | | | | | | |
| 9. Resident Agent in Rhode Islan | d. This information | is currently of reco | ord with the Department of State. Cha | nges require filing F | om 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 Diana M. CARDI/MANNACE For RAMI ASSOCIATES LLC DCT. 10,2016 Signature of Authorized Person Date Diana M. CARDI/MANNACE For RAMI ASSOCIATES LLC Name of Authorized Person Date Date DCT. 10,2016 Signature of Authorized Person Date DCT. 10,2016 | | | | | | | |
| Signature of Authorized Person | | | | | | | |
| Dear m. Land manage Lei KAMI NSSOCINIES LLC | | | | | | | |
| | | | | | | | |

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 10473