



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 540885		2. Exact name of the Limited Liability Company 987 North Main Street, LLC			
3. NAICS Code 53		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 12 Fox Ridge Crescent			City Warwick	State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lillian LaRocco			Contact Title Member		
Street Address 12 Fox Ridge Crescent			City Warwick	State RI	Zip 02886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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 <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 LILLIAN LAROCOCCO				Date OCT 14 2016	
Signature of Authorized Person <i>Lillian LaRocco</i>					

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
 KCM