

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

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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.

1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company					
1339439	The Goa	The Goat, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island		Real Estate					
5. Principal office address 44 Settlers Way			City North Scituate	State RI	Zip 02857		
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:			
Contact Name Robert J. Kubaska			Contact Title Member				
Street Address 44 Settlers Way			City North Scituate	State RI	Zip 02857		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI	NAMES AND ADD		LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name		(N. 12 (N	Manager Name				
Street Adoress			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RH	IODE ISLAND	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
This information is current	ly of record in the	Office of the Secr	etary of State. Changes require f	lling Form 642.			

FILED

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that ill statements contained herein are true and correct.		
Check No	Signature of Multiporized Person	10 (29 ((
FOR SECRETARY OF STATE USE ONLY	Robert J. Kubaska		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012