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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	= 121

- → Filing period: September 1 November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
480990	LT Properties, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Real estate company						
5. State of Formation	1						
Rhode Island							
6. Principal Office Address	cipal Office Address			State	Zip		
11 Kirkbrae Drive	irkbrae Drive			RI	02865		
7. Mailing Address of Limited Lia		and Name or Title					
Contact Name Timothy P. Chaput			Contact Title Member				
Street Address 11 Kirkbrae Drive		^{City} Lincoln	State RI	^{Zip} 02865			
8. List ALL managers (names ar	nd addresses) o	of the Limited Liabi	lity Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS		
Manager Name	anager 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 in-	dicate an attachment		
9. Resident Agent in Rhode Islan	d. This informati	on is currently of reco	ord with the Department of St	ate. Changes require filing	Form 642.		
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents containe	that I have exam d herein are true	ined this report, includional	ng any accompanying	schedules and		
Name of Authorized Person			Date /	./			
Timothy P. Chaput			Date 10/5/	116			
Signature of Authorized Person / Marie Ma							
Junio J Crapa							

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

FORM 632 - Revised: 08/2016