(3)	State of Rh	
	Departn	

hode Island and Providence Plantations

ment 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.

4. Endity ID North an								
1 Entity ID Number	2. Exact name of the Limited Liability Company							
971469	TTS, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
53 - Real Estate and Rental and	Hold and manage real estate.							
5. State of Formation	1							
Rhode Island								
6. Principal Office Address	1		City	State	Zip			
24 South Angell Street			Providence	RI	02906			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Teresa Jucha		Contact Title Member						
Street Address 24 South Angell Street		City Providence	State Ri	^{Zip} 02906				
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			
		•	Che	ck the box to indic	cate an attachment			
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 Date Date					1116			
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

NOV 02 2016 FORM 632 - Revised: 08/2016