State of Rhode Island and Propertment of State -			
I Report for the year:	2016		
ng period: September 1 - No	vember 1		

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
822700	RB, LLC						
3. NAICS Code	4. Brief descri	ption of the char	acter of business conducted	I in Rhode Island			
		quire, own, lease, mortgage, manage, operate, sell and otehrwise dispose of					
5. State of Formation aircraft and any interests			tnerein				
RI							
6. Principal Office Address			City	State	Zip		
One Kenney Drive			Cranston	RI	02920		
7. Mailing Address of Limited Lia	bility Company	and Name or Tit					
Contact Name Daniel J. Cohen			Contact Title Manager				
Street Address One Kenney Dri	ve		City Cranston	State RI	<sup>Zip</sup> 02920		
8. List ALL managers (names ar	nd addresses) o	f the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
<sup>Manager Name</sup> Daniel Cohen			Manager Name				
Street Address One Kenney Dri	ve		Street Address				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	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	on is currently of re	ecord with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all statem				ng any accompanyin	g schedules and		
Name of Authorized Person				Date	,		
Daniel J. Cohen	P			10/31/16			
Signature of Authorized Person		SIGN DC	OCUMENT 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 **FILED** 

NOV **02** 2016

