

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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.

700047	2. Exact na Eureka ,	me of the limited liab	oility company			
799947]					
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rho	de Island		
RI	All lawfu	All lawful business as owner of commercial property at 340 Samuel Gorton Ave.				
	Warwick	t, RI which is re	nted to a local business.	•	-	
5. Principal office address 6 Longmeadow Ave			City	State	Zip	
			Warwick	RI	02889	
. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Karen Mulcahey			Contact Title Manager / Member			
Street Address 6 Longmeadow Ave			City Warwick	State RI	Zip 02889	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBER	
Manager Name			Manager Name	Manager Name		
				Street Address		
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
	State	Zip	Street Address City	State	Zip	
City	State	Zip		State	Zip	
City Manager Name	State	Zip	City	State	Zip	
City Manager Name Street Address	State	Zip Zip	City Manager Name	State	Zip Zip	
City Manager Name Street Address City RESIDENT AGENT IN F	State SHODE ISLAND	Zip	City Manager Name Street Address	State		

FILED

NOV 03 2016

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. File Date ___ Check No _____ Koreni Weaker 10/30/16 Signature of Authorized Person Date FOR SECRETARY OF STATE USE ONLY

Karen Mulcahev

Print or Type Name of Authorized Person