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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	

- → Filing period: September 1 November 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					
654536	LOBI ENTERPRISES, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Real estate					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
12 Fieldstone Drive			Katonah	NY	10536	
7. Mailing Address of Limited Lia		any and Name o	r Title of Contact Person		•	
Contact Name Lynn A. Verraster			Contact Title	Contact Title		
Street Address 12 Fieldstone Drive		<sup>City</sup> Katonah	State NY	<sup>Zip</sup> 10536		
8. List ALL managers (names an	ıd addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name Manager Name			Manager Name	Manager Name		
Street Address			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 ir	ndicate an attachment	
9. Resident Agent in Rhode Island	d. This inforn	nation is currently o	of record with the Department of St	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I decl statements, and that all statem	are and aff ents contai	irm that I have e ined herein are	examined this report, includi true and correct.	ng any accompanying	g schedules and	
Name of Authorized Person	·	·	····	Date		
Lynn A. Verraster						
Signature of Authorized Person SIGN DOCUMENT HERE						
Jun Wen	der .	OUN!	JOURNAL MERE			

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

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