State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • Filing Fee: $50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 156949	*2. Exact name of the limited liability company* 469 Centerville Road, LLC
3. State of Formation Rhode Island	*4. Brief description of the character of the business which is actually conducted in Rhode Island* Law Firm

5. Principal office address	*City*	*State*	*Zip*
469 Centerville Road, Suite 206	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Steven B. Merolla	Manager

Street Address	*City*	*State*	*Zip*
469 Centerville Road, Suite 206	Warwick	RI	02886

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
Steven B. Merolla	
Street Address	*Street Address*
469 Centerville Road, Suite 206	

City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886			

Manager Name	*Manager Name*
Street Address	*Street Address*

City	*State*	*Zip*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*

Address	*City*	*Zip*

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-52.

FILED
NOV 04 2016
BY 1634 DS

1 5 6 9 4 9

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.

11/2/2016

Signature of Authorized Person *Date*

Steven B. Merolla

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY
144673-21-1167096

Form 632 Rev. 08/06