No. of Concession, Name of Street, or other Persons, Name of Street, or ot
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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	I a Event name	-54h- 1 ::	Letter O				
ī '	2. Exact name of the Limited Liability Company						
799780	Northern RI Apartments, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	To own and operate residential rental apartments						
5. State of Formation]						
Rhode Island							
6. Principal Office Address			City	State	Zip		
558 Smithfield Avenue			Pawtucket	RI	02860		
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person				
Contact Name John K. Cooper			Contact Title President of Member				
Street Address 558 Smithfield Avenue		City Pawtucket	State RI	^{Zip} 02860			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
			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		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island	d. This information	n is currently of reco	rd with the Department of St				
Under penalty of perjury, I decl statements, and that all statem	are and affirm t	that I have exam	ined this report, includi				
Name of Authorized Person			Date	Date			
John K. Cooper			10-2	10-28-3016			
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov F!LED & NOV 0 7 2016