



State of Rhode Island and Providence Plantations

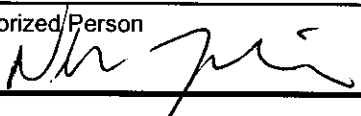
**Department of State - Business Services Division**

**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<br><b>522552</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>990 Cranston Street, LLC</b>                            |                              |                         |                                  |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Management</b> |                              |                         |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                              |                              |                         |                                  |
| 6. Principal Office Address<br><b>38 Bellevue Avenue</b>                                                                                                                                                    |                 | City<br><b>North Providence</b>                                                                              |                              | State<br><b>RI</b>      | Zip<br><b>02911</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                              |                              |                         |                                  |
| Contact Name <b>Nicholas Mannocchia</b>                                                                                                                                                                     |                 |                                                                                                              | Contact Title <b>Manager</b> |                         |                                  |
| Street Address <b>38 Bellevue Avenue</b>                                                                                                                                                                    |                 |                                                                                                              | City <b>North Providence</b> |                         | State <b>RI</b> Zip <b>02911</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                              |                              |                         |                                  |
| Manager Name <b>Nicholas Mannocchia</b>                                                                                                                                                                     |                 |                                                                                                              | Manager Name                 |                         |                                  |
| Street Address <b>38 Bellevue Avenue</b>                                                                                                                                                                    |                 |                                                                                                              | Street Address               |                         |                                  |
| City <b>North Providence</b>                                                                                                                                                                                | State <b>RI</b> | Zip <b>02911</b>                                                                                             | City                         | State                   | Zip                              |
| Manager Name                                                                                                                                                                                                |                 |                                                                                                              | Manager Name                 |                         |                                  |
| Street Address                                                                                                                                                                                              |                 |                                                                                                              | Street Address               |                         |                                  |
| City                                                                                                                                                                                                        | State           | Zip                                                                                                          | City                         | State                   | Zip                              |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                              |                              |                         |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                              |                              |                         |                                  |
| <b>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.</b> |                 |                                                                                                              |                              |                         |                                  |
| Name of Authorized Person<br><b>Nicholas Mannocchia</b>                                                                                                                                                     |                 |                                                                                                              |                              | Date<br><b>10/30/16</b> |                                  |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                              |                              | SIGN DOCUMENT HERE      |                                  |

**FILED**

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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By 