



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.

1. Entity ID No. 139556		2. Exact name of the limited liability company So. Houston Investments, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate Holding Co.			
5. Principal office address 296 George Washington Highway		City Smithfield		State RI	Zip 02917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard Conti		Contact Title Member			
Street Address 296 George Washington Highway		City Smithfield		State RI	Zip 02917
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Richard Conti		Manager Name NONE			
Street Address 296 George Washington Highway		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Manager Name NONE		Manager Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 09 2016

By

7013 A.A.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Richard Conti, Operating Manager

Print or Type Name of Authorized Person