	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30	40	
Limited Liability Con	npany		
Annual Report Filing Period: September 1	Novombor 1		
	. 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2016</u>		
1. ID No. <u>00013779</u>	8		
2. Exact Name of the L	imited Liability Company <u>Arthur k</u>	Krob Property Development	
3. State of Formation			
State: RI			
	ARTICLE III		
	<b>ARTICLE III</b> S codes, please select the code that b	best describes your business	
		best describes your business	
Using the following NAICS		6 5	3
Using the following NAICS	S codes, please select the code that b	6 5	3
Using the following NAICS	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE	6 5	3
Using the following NAICS NAICS Code 4. Brief Description of th OWN, SELL, RENT AN 5. Principal Office Addre	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE	6 5	3
Using the following NAICS NAICS Code 4. Brief Description of th OWN, SELL, RENT AN 5. Principal Office Addre No. and Street: <u>346 CU</u>	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE	6 5	<u>3</u> Rhode Island
Using the following NAICS NAICS Code 4. Brief Description of the OWN, SELL, RENT AN 5. Principal Office Addre No. and Street: <u>346 CU</u> City or Town: <u>SOUTH</u>	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE SSS USHMAN ROAD PO BOX 3107	6       5         n is Actually Conducted in         State: MA       Zip: 02703	<u>3</u> <b>Rhode Island</b> Country: <u>USA</u>
Using the following NAICS NAICS Code 4. Brief Description of the OWN, SELL, RENT AN 5. Principal Office Addres No. and Street: <u>346 CU</u> City or Town: <u>SOUTH</u> 6. Mailing Address of Li Contact Name: Contact	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE ess USHMAN ROAD PO BOX 3107 A ATTLEBORO mited Liability Company and Name Title:	6       5         n is Actually Conducted in         State: MA       Zip: 02703	<u>3</u> <b>Rhode Island</b> Country: <u>USA</u>
Using the following NAICS NAICS Code 4. Brief Description of the OWN, SELL, RENT AN 5. Principal Office Addre No. and Street: <u>346 CU</u> City or Town: <u>SOUTH</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>345 CU</u>	S codes, please select the code that be the Character of the Business Which ND LEASE REAL ESTATE SS USHMAN ROAD PO BOX 3107 H ATTLEBORO Imited Liability Company and Name	6       5         n is Actually Conducted in         State: MA       Zip: 02703	3 Rhode Island Country: <u>USA</u> n:
Using the following NAICS NAICS Code 4. Brief Description of the OWN, SELL, RENT AN 5. Principal Office Addres No. and Street: 346 CU City or Town: 346 CU SOUTH 6. Mailing Address of Li Contact Name: Contact No. and Street: 345 CU City or Town: SOUTH	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE ess USHMAN ROAD PO BOX 3107 A ATTLEBORO mited Liability Company and Name Title: USHMAN ROAD PO BOX 3107 A ATTLEBORO f Each Manager of the Limited Liab	6       5         n is Actually Conducted in         State: MA       Zip: 02703         e or Title of Contact Person         State: MA       Zip: 02703	3 Rhode Island Country: <u>USA</u> n: Country: <u>USA</u>
Using the following NAICS NAICS Code 4. Brief Description of the OWN, SELL, RENT AN 5. Principal Office Addres No. and Street: <u>346 CU</u> City or Town: <u>SOUTH</u> 6. Mailing Address of Lit Contact Name: Contact No. and Street: <u>345 CU</u> City or Town: <u>SOUTH</u> 7. Name and Address of	S codes, please select the code that be ne Character of the Business Which ND LEASE REAL ESTATE ess USHMAN ROAD PO BOX 3107 A ATTLEBORO mited Liability Company and Name Title: USHMAN ROAD PO BOX 3107 A ATTLEBORO f Each Manager of the Limited Liab	6       5         n is Actually Conducted in         State: MA       Zip: 02703         e or Title of Contact Person         State: MA       Zip: 02703	3 Rhode Island Country: <u>USA</u> n: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET, RI 02895

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of November, 2016 at 2:30:20 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>LLOYD R. GARIEPY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved