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 i	s not filed by Dec	ember 1.	_		
1. Entity ID Number 1658542	Exact name of the Limited Liability Company INDIAN AVENUE, LLC					
3. NAICS Code 81 - Other Services (except Pi	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE ITOLDING					
5. State of Formation RI			JOFONIO			
6. Principal Office Address 122 TOURO STREET			City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limited Lia	bility Compai	ny and Name or Ti	tle of Contact Person			
Contact Name TURNER SCOTT		Contact Title				
Street Address 122 TOURO STREET		City NEWPORT	State RI	Zip 02840		
8. List ALL managers (names ar) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name JAMES E. MOORE		Manager Name				
Street Address 18 EAST TERRACE		Street Address				
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		J		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This informa	ation is currently of re	ecord with the Department of Sta			
Under penalty of perjury, I deci statements, and that all statem	are and affir ents contain	m that I have exa ned herein are tru	mined this report, including e and correct.	g any accompanyin	g schedules and	
Name of Authorized Person TVRNER C. SCOTT				Date 11 3	2016	
Signature of Authorized Person		SIGN DI	KUNENT HERE	. 1	<u> </u>	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 1 0 2016 22