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	2 Eyact name	of the Limited Lia	shility Company				
74990	Bridge Street		IDINITY Company				
	_						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Manage real estate.						
5. State of Formation							
Rhode Island					l		
6. Principal Office Address			City	State	Zip		
117 Wickenden Street			Providence	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Mary Ann Basile			Contact Title Member				
Street Address 117 Wickenden Street		City Providence	State RI	^{Zip} 02903			
	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Mary Ann Basile Manager Name							
Street Address 117 Wickenden Street		Street Address					
City Providence	State RI	^{Zip} 02903	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. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person				Date	-		
MARY ANN BASIC				11/0/14			
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

