Sta			
	ate of Rhode Island and P Office of the Secre		S Fee: \$50.00
	Division Of Busine 148 W. River		
HOPE	Providence RI 02 (401) 222-3		
Limited Liability Comp	any		
Annual Report Filing Period: September 1 -	November 1		
	-16-66(d), each limited liability co thirty (30) days after the time pre- enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
<b>1. ID No.</b> <u>000153304</u>			
2. Exact Name of the Lim	ited Liability Company 53 GR	OVE STREET LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS of	odes, please select the code that	best describes your busin	ess.
NAICS Code		6	<u>53</u>
4. Brief Description of the	Character of the Business Whi	ch is Actually Conducted	in Rhode Island
4. Brief Description of the <u>REAL ESTATE</u>	Character of the Business Whi	ch is Actually Conducted	in Rhode Island
		ch is Actually Conducted	in Rhode Island
REAL ESTATE 5. Principal Office Address		ch is Actually Conducted	in Rhode Island
REAL ESTATE 5. Principal Office Address	s AMINITO EMPRESA	ch is Actually Conducted	
REAL ESTATE5. Principal Office AddressNo. and Street:5857 C.City or Town:LA JOL	s AMINITO EMPRESA	State: <u>CA</u> Zip: <u>92037</u>	Country: <u>USA</u>
REAL ESTATE         5. Principal Office Address         No. and Street:         City or Town:         6. Mailing Address of Lime         Contact Name:         Contact Time	s <u>AMINITO EMPRESA</u> <u>LA</u> ited Liability Company and Nar	State: <u>CA</u> Zip: <u>92037</u>	Country: <u>USA</u>
REAL ESTATE         5. Principal Office Address         No. and Street:         City or Town:         6. Mailing Address of Lime         Contact Name:         Contact Time	S AMINITO EMPRESA LA ited Liability Company and Nar tle: AMINITO EMPRESA	State: <u>CA</u> Zip: <u>92037</u>	Country: <u>USA</u> r <b>son:</b>
REAL ESTATE         5. Principal Office Address         No. and Street:       5857 C.         City or Town:       LA JOL         6. Mailing Address of Lime         Contact Name:       Contact Ti         No. and Street:       5857 C.         LA JOL         Contact Name:       Contact Ti         No. and Street:       5857 C.         City or Town:       LA JOL	S <u>AMINITO EMPRESA</u> <u>JLA</u> ited Liability Company and Nar tle: <u>AMINITO EMPRESA</u> <u>LA</u> Si Each Manager of the Limited Li	State: <u>CA</u> Zip: <u>92037</u> ne or Title of Contact Per tate: <u>CA</u> Zip: <u>92037</u>	Country: <u>USA</u> r <b>son:</b> Country: <u>USA</u>
REAL ESTATE         5. Principal Office Address         No. and Street:         City or Town:         6. Mailing Address of Lime         Contact Name:         Contact Name:         Contact Ti         No. and Street:         5857 C/         LA JOL         7. Name and Address of E	S <u>AMINITO EMPRESA</u> <u>JLA</u> ited Liability Company and Nar tle: <u>AMINITO EMPRESA</u> <u>LA</u> Si Each Manager of the Limited Li	State: <u>CA</u> Zip: <u>92037</u> ne or Title of Contact Per tate: <u>CA</u> Zip: <u>92037</u>	Country: <u>USA</u> r <b>son:</b> Country: <u>USA</u> cable.
REAL ESTATE         5. Principal Office Address         No. and Street:       5857 C.         City or Town:       LA JOL         6. Mailing Address of Lime         Contact Name:       Contact Ti         No. and Street:       5857 C.         LA JOL         6. Mailing Address of Lime         Contact Name:       Contact Ti         No. and Street:       5857 C./         City or Town:       LA JOL         7. Name and Address of E       DO NOT LIST MEMBERS	S <u>AMINITO EMPRESA</u> <u>JLA</u> ited Liability Company and Nar tle: <u>AMINITO EMPRESA</u> <u>LA</u> S Each Manager of the Limited Li S	State: <u>CA</u> Zip: <u>92037</u> ne or Title of Contact Per tate: <u>CA</u> Zip: <u>92037</u> ability Company, if Appli	Country: <u>USA</u> rson: Country: <u>USA</u> cable.

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAWN OLIVERI 190 PLAINFIELD STREET PROVIDENCE, RI 02909

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

**Signed this 15 Day of November, 2016 at 2:42:08 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>VITO ARMINIO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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