St			
	ate of Rhode Island and P Office of the Secre		S Fee: \$50.00
	Division Of Busine 148 W. River	Street	
HOPE	Providence RI 02 (401) 222-3		
Limited Liability Comp	any		
Annual Report Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability co thirty (30) days after the time pre enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000153306</u>			
2. Exact Name of the Lim	ited Liability Company <u>143 W</u>	ASHINGTON AVENUI	ELLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS (codes, please select the code tha	t best describes your busin	ess.
NAICS Code	codes, please select the code tha	t best describes your busin	<u>53</u>
NAICS Code	Character of the Business Whi	6	<u>53</u>
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NAICS Code 4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 5857 C	Character of the Business Whi s <u>AMINITO EMPRESA</u>	ich is Actually Conducted	<u>53</u> I in Rhode Island
NAICS Code 4. Brief Description of the REAL ESTATE 5. Principal Office Address	Character of the Business Whi s <u>AMINITO EMPRESA</u>	6	<u>53</u> I in Rhode Island
NAICS Code 4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 5857 C. City or Town: LA JOI	Character of the Business Whi s <u>AMINITO EMPRESA</u>	ich is Actually Conducted	<u>53</u> I in Rhode Island Country: <u>USA</u>
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NAICS Code 4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 5857 C. City or Town: LA JOI 6. Mailing Address of Lim Contact Name: VITO ARM No. and Street: 5857 C. City or Town: LA JOI 6. Mailing Address of Lim Contact Name: VITO ARM No. and Street: 5857 C. City or Town: LA JOI 7. Name and Address of E	Character of the Business Whi s AMINITO EMPRESA LA ited Liability Company and Nat IINIO Contact Title: AMINITO EMPRESA LA S Each Manager of the Limited Li	State: CA Zip: 92037 me or Title of Contact Per tate: CA Zip: 92037	<u>53</u> I in Rhode Island Country: <u>USA</u> rson: Country: <u>USA</u> cable.
NAICS Code 4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 5857 C. City or Town: LA JOI 6. Mailing Address of Lim Contact Name: VITO ARM No. and Street: 5857 C. City or Town: LA JOI 6. Mailing Address of Lim Contact Name: VITO ARM No. and Street: 5857 C. City or Town: LA JOI 7. Name and Address of E DO NOT LIST MEMBERS	Character of the Business Whi s AMINITO EMPRESA LA ited Liability Company and Nat IINIO Contact Title: AMINITO EMPRESA LA S Each Manager of the Limited Li S	State: CA Zip: 92037 me or Title of Contact Per tate: CA Zip: 92037 ability Company, if Appli	53 I in Rhode Island Country: USA rson: Country: USA cable. ess

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 2:51:08 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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