St	ate of Rhode Island and P Office of the Secre		Fee: \$50.00
	Division Of Busine	ss Services	
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-3	040	
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>000153313</u>			
2. Exact Name of the Limited Liability Company 472 W. FOUNTAIN STREET LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		<u>6</u> <u>53</u>	
4. Brief Description of the	Character of the Business Whi	ch is Actually Conducted in Rh	node Island
REAL ESTATE			
5. Principal Office Addres	S		
No and Streets 5057 C			
No. and Street: <u>5857 C</u> City or Town: LA JOI	<u>AMINITO EMPRESSA</u> JLA	State: <u>CA</u> Zip: <u>92037</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	<u>1INIO</u> Contact Title:		
	AMINITO EMPRESSA	Stato: CA $=$ 0.0027 Ca	untry: USA
City or Town: LA JOL		State: <u>CA</u> Zip: <u>92037</u> Co	unuy. <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
MANAGER	VITO ARMINIO	5857 CAMINITO EM LA JOLLA, CA 92037- (

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 3:05:08 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

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