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					R.I. DEP SUS S 2016 NOV 1	
→ Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.					7 AMI	
1. Entity ID Number		ame of the Limited Lia			ATE V	
000550883		T HOLDINGS GROUP			<b>8</b>	
3. NAICS Code  53 - Real Estate and Renta		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
840 SMITHFIELD AVE #203			LINCOLN	RI	02865	
7. Mailing Address of Limited Lial	bility Compa	iny and Name or Title				
Contact Name DAVID WILLIS			Contact Title MANAGER			
Street Address 840 SMITHFIELD AVE #203			City LINCOLN	State RI	<sup>Zip</sup> <b>02865</b>	
8. List ALL managers (names an	id addresses	s) of the Limited Liabi	<del></del>	ABLE - DO NOT LIST ME	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	•	•	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to inc	dicate 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  /// 5					1/16	
Signature of Authorized Person		State the alarmy	Consist Calks	<u> </u>		
DAVID WILLY						

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** 

11:08

NOV 17 2016

By \$ 288740