



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<br><b>506370</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>684 PINE STREET,LLC</b>                                         |                             |                                  |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental ar</b>                                                                                                                                                      |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>BUYING AND SELLING REAL ESTATE</b> |                             |                                  |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                                      |                             |                                  |                     |
| 6. Principal Office Address<br><b>362 CENTER STREET</b>                                                                                                                                                     |       | City<br><b>FALL RIVER</b>                                                                                            |                             | State<br><b>MA</b>               | Zip<br><b>02724</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                      |                             |                                  |                     |
| Contact Name <b>PAUL J. CETOLA, JR.</b>                                                                                                                                                                     |       |                                                                                                                      | Contact Title <b>MEMBER</b> |                                  |                     |
| Street Address <b>362 CENTER STREET</b>                                                                                                                                                                     |       | City <b>FALL RIVER</b>                                                                                               |                             | State <b>MA</b>                  | Zip <b>02724</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                      |                             |                                  |                     |
| 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 indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                      |                             |                                  |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                      |                             |                                  |                     |
| <i>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.</i> |       |                                                                                                                      |                             |                                  |                     |
| Name of Authorized Person<br><b>PAUL J. CETOLA, JR.</b>                                                                                                                                                     |       |                                                                                                                      |                             | Date<br><b>NOVEMBER 14, 2016</b> |                     |
| Signature of Authorized Person<br>                                                                                      |       |                                                                                                                      |                             |                                  |                     |

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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