State of Rhode Island and Providence Plantations	
Department of State - Business Services Division	
Annual Report for the year: 2016	
_imited 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	2. Exact name of the Limited Liability Company						
506370	684 PINE STREET,LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	BUYING AND SELLING REAL ESTATE						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address	k		City	State	Zip		
362 CENTER STREET			FALL RIVER	MA	02724		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name PAUL J. CETOLA, JR.			Contact Title MEMBER				
Street Address 362 CENTER STREET		City FALL RIVER	State MA	^{Zip} 02724			
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							
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				
PAUL J. CETOLA, JR.			NOVEMBER 14, 2016				
Signature of Authorized Person Taul J. Goldton							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

