Fee: \$50.00

## State of Rhode Island and Providence Plantations Office of the Secretary of State

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

**ANNUAL REPORT YEAR: 2016** 

1. ID No. 000925159

2. Exact Name of the Limited Liability Company Lakeview Holdings LLC

3. State of Formation

State: RI

## **ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

**NAICS Code** 

53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Real Estate

5. Principal Office Address

No. and Street:

PO BOX 5448

City or Town:

WAKEFIELD

State: RI

Zip: <u>02880</u>

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Daniel Baruti Contact Title:

No. and Street: 140 POINT JUDITH ROAD, SUITE 28

City or Town:

**NARRAGANSETT** 

State: RI Zip: 02882 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

## DO NOT LIST MEMBERS

Name

**KYLE CEHANOWICZ** 

## **Address**

Address, City or Town, State, Zip Code, Country PO BOX 5448 WAKEFIELD, RI 02880 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL BARUTI, ESQ. 140 POINT JUDITH ROAD, SUITE 28 NARRAGANSETT, RI 02882

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

elect all that apply) - Does the business owner self-identify as any of the following:

Voman

/eteran

Disabled

Member of a socially and economically disadvantaged group (i.e., as defined under the US Small B siness Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

w many full time employees does the business have:

-5

-50

51-200

201-500

Over 500

3 that are the gross revenues for the business for the past year:

\$0 - \$50,000

\$51,000 - \$250,000

\$251,000 - \$500,000

\$501,000 - \$1,000,000

Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Daniel Baruti

**Business Name:** 

No. and Street: 140 POINT JUDITH ROAD, SUITE 28

City or Town: **NARRAGANSETT** 

State: RI Zip: 02882

Country: <u>USA</u>

Contact Phone:

Contact Ema"

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 21 Day of November, 2016 at 9:27:57 AM 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 Daniel Baruti

Signature of Authorized Person

Make Corrections

Accept

Form No. 632 Revised 09/07

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FILED NOV 23 2016

BY 1905

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