State of Rhode Island a	and Providence	Plantations			
Department of S			s Division		
Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1					R.I. 2016 N
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					<u> </u>
					235
1. Entity ID Number 540831	2. Exact name	e of the Limited Lie $RVARL$	ability Company STREET	LLC	PH 2
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			de Island)TE
53	REAL ESTATE				_
5. State of Formation					
6. Principal Office Address 48 HARU	ARD	ST.	PAWTUCKE	State	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROBERT	IHAN	Contact Title OWNFR			
Street Address 48 HAR VARD ST.			CityPAWTUCKET	State RI	Zip 0 2860
8. List ALL managers (names a	nd addresses) o	of the Limited Liab	ility Company, IF APPLICABLE - [DO NOT LIST ME	MBERS
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
	1		Che	eck the box to ind	icate 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 ROBERT COUNIHAN Date Novem					121,2016
Signature of Authorized Person Sign DOCKMENT HERE					

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**

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