



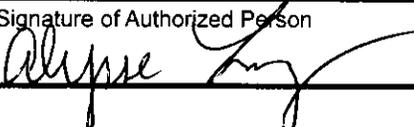
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2016 NOV 28 PM 3:02

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 953510		2. Exact name of the Limited Liability Company ALCAL MANAGEMENT, LLC			
3. NAICS Code 53 - Real Estate and Rental and		4. Brief description of the character of business conducted in Rhode Island property management			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 222 POST ROAD, UNIT 4B		City WESTERLY	State RI	Zip 02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALYSSA A. LONGO			Contact Title Member		
Street Address 222 POST ROAD, UNIT 4B		City WESTERLY	State RI	Zip 02891	
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.					
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 ALYSSA A. LONGO				Date	
Signature of Authorized Person 		SIGN DOCUMENT 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

NOV 28 2016

BY OLIVIA A.A.