(Sept)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ________

2016 NOV 29 AM 10: 25

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	2. Exact name of the Limited Liability Company						
149717	MOAP EN	MOAP ENTERPRISES, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53	TO PROVIDE PROPERTY MANAGEMNET AND GENERAL CONSTRUCTION SERVICES						
5. State of Formation							
RI							
6. Principal Office Address	<u> </u>		City	State	Zip		
PO BOX 252			WYOMING	RI	02898		
7. Mailing Address of Limited Li	ability Compa	ny and Name or T	itle of Contact Person	<u> </u>			
Contact Name JEFFREY APTT			Contact Title MEMBER				
Street Address PO BOX 252			City WYOMING	State RI	Zip 02898		
8. List ALL managers (names a	and addresses) of the Limited Lia	ability Company, IF APPLICA	BLE - 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		
			<u> </u>	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Isla	nd. This inform	ation is currently of r	ecord with the Department of Sta	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I dec statements, and that all states	clare and affi	rm that I have exa	amined this report, includin				
Name of Authorized Person		1		Date			
JEFFREY APTT-MEMBER			1∳/⊋∖/2016				
Signature of Authorized Person	AN.	SIGNO	HERE L	~			
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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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