



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

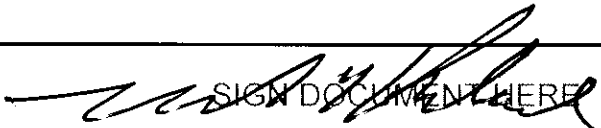
Annual Report for the year: 2016

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.

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BUS. SVCS. DIV.

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1. Entity ID Number 797190		2. Exact name of the Limited Liability Company 442 Providence Street Properties, LLC			
3. NAICS Code 53 - Real Estate and Rental and Leasing		4. Brief description of the character of business conducted in Rhode Island Real estate ownership, management and development.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 442 Providence Street		City West Warwick		State RI	Zip 02893
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name S. Christopher Stowe, Jr., Esquire			Contact Title Resident Agent		
Street Address 20 Centerville Road		City Warwick		State RI	Zip 02886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael Rambone			Manager Name		
Street Address 442 Providence Street			Street Address		
City West Warwick	State RI	Zip 02893	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 MICHAEL RAMBONE				Date 10/21/2016	
Signature of Authorized Person 					

FILED

NOV 30 2016

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY _____