	State of Rhode Island and Providence PlantationsFee: \$Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liability Co	ompany
.nnual Report iling Period: Septembe	r 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing vithin thirty (30) days after the time prescribed by law (R.I.G.L. 7-
	a penalty fee of \$25.00.
ANNUAL REPORT YE	AR: <u>2016</u>
1. ID No. <u>000846</u>	<u>693</u>
2. Exact Name of the	Limited Liability Company Manville Road, LLC
3. State of Formation	1
State: <u>RI</u>	
	ARTICLE III
Using the following NA	ARTICLE III ICS codes, please select the code that best describes your business.
	ICS codes, please select the code that best describes your business.
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NAICS Code 4. Brief Description of REAL ESTATE 5. Principal Office Add No. and Street: 87 City or Town: <u>H</u>	ICS codes, please select the code that best describes your business. <u>53</u> f the Character of the Business Which is Actually Conducted in Rhode Island dress <u>75 SEVEN MILE ROAD</u> <u>OPE</u> State: <u>RI</u> Zip: <u>02831</u> Country: <u>USA</u>
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NAICS Code 4. Brief Description of REAL ESTATE 5. Principal Office Add No. and Street: 87 City or Town: H 6. Mailing Address of Contact Name: JON (87) No. and Street: 87 City or Town: H Contact Name: JON (87) City or Town: H	ICS codes, please select the code that best describes your business. Image: Select the code that best describes your business. Image: Select the Business Which is Actually Conducted in Rhode Island Image: Select Mile ROAD OPE State: RI Zip: 02831 Country: USA Limited Liability Company and Name or Title of Contact Person: GIAMPIETRO Contact Title: MEMBER 5 State: RI Zip: 02831 Country: USA OPE State: RI Zip: 02831 Country: USA
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRIAN LAPLANTE, ESQ. 272 WEST EXCHANGE STREET PROVIDENCE, RI 02903

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

Signed this 1 Day of December, 2016 at 10:51:48 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 <u>JON GIAMPIETRO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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