State of Rhode Island and Pro Department of State -	vidence Plantations Business Services Division
Annual Report for the year:	2016
Limited Liability Company	
→ Filing period: September 1 - No	vember 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1. 2. Exact name of the Limited Liability Company 1. Entity ID Number 910218 38-40 Fiume Street LLC 4. Brief description of the character of business conducted in Rhode Island 3. NAICS Code To engage in the acquisition, management, operation and sale of real estate 53 - Real Estate and Rental ar 5. State of Formation Rhode Island Zip City State 6. Principal Office Address Ri 02893 West Warwick 36 Flume Street 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Member Contact Name Jeffrey S. Joaquin State RI ^{Zip} 02893 City West Warwick Street Address 36 Flume Street 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 State Zip City State Zip Manager Name Manager Name Street Address Street Address State State Zip City Zip City Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling 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 Jeffrey S. Joaquin Signature of Authorized Pers 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 C

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