	State of Rhode Island and Providence Plantations				
(4)	State of Rhode Island and Providence Plantations Department of State - Business Services Division				
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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.

Entity ID Number 2. Exact name of the Limited Liability Company							
277105	East Main Place, LLC						
3. NAICS Code 4. Brief description of the chara Manage, maintain, acquire an			cter of business conducted in Rhode Island od develop real estate.				
5. State of Formation Rhode Island							
6. Principal Office Address			City	State	Zip		
3030 East main Road			Portsmouth	RI	02871		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Aphrodite Laurea	nno		Contact Title Member				
Street Address 3030 East Main R	oad		City Portsmouth	State RI	^{Zip} 02871		
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		
	<u> </u>	•		Check the box to in	dicate an attachment		
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 APHRODITE CACRETINAL 1/28 1/28							
Signature of Authorized Person Aphrica Decument Communication of Authorized Person							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

