RI SOS Filing Number: 201628560730 Date: 12/06/2016 10:26 AM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No	2. Exact name of the limited liability company
304520	RLB LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	INVESTMENT PROPERTY

5. Principal office address	City	State	Zip
99 KETTLE POND DR.	WAKEFIELD	RI	02879

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
WAYNE A. LABORE	OWNER

Street Address	City	State	Zip
SAA	SAA	SAA	SAA

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

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

RECEIVED
2016 DEC -6 P 10:22
R.I. DEPT. OF STATE

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
WAYNE A. LABORE	SAA

Address	City	Zip
SAA	SAA	SAA

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

FILED
DEC 06 2016
By 290143
A.A. 10:26 A.M.

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.

Wayne A LaBore 30EC16
Signature of Authorized Person *Date*

WAYNE A. LABORE
Print or Type Name of Authorized Person

Fee Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
145866-4 1172664

Form 632 Rev. 07/07