	State of Rhode Island and Providence Plantation Office of the Secretary of State	S Fee: \$50
	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	er 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-	
6-66(D&C)) IS SUDJECT TO	o a penalty fee of \$25.00.	
ANNUAL REPORT YE	<b>AR:</b> <u>2016</u>	
1. ID No. <u>000846</u>	937	
2. Exact Name of the	Elimited Liability Company Route 195, LLC	
3. State of Formatior	1	
State: <u>RI</u>		
	ARTICLE III	
Using the following NA	ARTICLE III ICS codes, please select the code that best describes your busine	ess.
	ICS codes, please select the code that best describes your busine	
Using the following NA		ess. <u>53</u>
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NAICS Code 4. Brief Description of TO OWN AND MAN	ICS codes, please select the code that best describes your busine  f the Character of the Business Which is Actually Conducted  NAGE REAL ESTATE.	<u>53</u>
NAICS Code 4. Brief Description of TO OWN AND MAN 5. Principal Office Add	ICS codes, please select the code that best describes your busine	<u>53</u>
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NAICS Code         4. Brief Description of         TO OWN AND MAN         5. Principal Office Add         No. and Street:       33         City or Town:       JC         6. Mailing Address of         Contact Name:       JOSF         No. and Street:       33         City or Town:       JO         6. Mailing Address of         Contact Name:       JOSF         No. and Street:       33         City or Town:       JO         7. Name and Address	ICS codes, please select the code that best describes your busine f the Character of the Business Which is Actually Conducted NAGE REAL ESTATE. dress BIB KILLINGLY STREET DHNSTON State: RI Zip: 02919 f Limited Liability Company and Name or Title of Contact Per PEH DASLIVA Contact Title: 1B KILLINGLY STREET DHNSTON State: RI Zip: 02919 s of Each Manager of the Limited Liability Company, if Applie	53 I in Rhode Island Country: USA rson: Country: USA cable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT A. D'AMICO II 536 ATWELLS AVE. PROVIDENCE , RI 02909

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

**Signed this 8 Day of December, 2016 at 12:39:20 PM 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>JOSEPH DASILVA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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