State of Rhode Island and Providence Plantations A mande Department of State - Business Services Division ———————————————————————————————————					
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	rear: <u></u>	1		_	RJ. DEPT. 65 S
1. Entity ID Number 2. Exact name of the Limited Liability Company (attice Commercial Properties, LLC)					5TATE
3. NAICS Code Sel Esticionto 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
6. Principal Office Address 19 Worth Arc			Providence	State LT	2ip 02906
7. Mailing Address of Limited Liability Company and Name or Title Contact Name Lizupeseth A Cuzzone Street Address 9 Dach Arenu Angelone, II			Contact Title	, Operation	y Manager nu Zip LT 0890(
8. List ALL managers (names at		12.7	lity Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name		
Street Address 9 North Avenue			Street Address		
City Berrington	State	202966	City	State	Zip
Manager Name aftering H Cuzzone			Manager Name		
Street Address Via Leanesa			Street Address		
City Boca Ratin	State F7	Zip 33434	City	State	Zip
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 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 1174 Ath A Cuzzinc 12/.					1,2
Signature of Authorited Person 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

DEC 20 2016

BY A. A. 12:46 P.M.
FORM 632 - Revised: 08/2016