	State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040
_imited Liability (	ompany
Annual Report	ompany
Filing Period: Septemb	er 1 - November 1
o file its annual report	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7- to a penalty fee of \$25.00.
ANNUAL REPORT Y	<b>AR:</b> <u>2016</u>
1. ID No. <u>00012</u>	5545
2. Exact Name of th	e Limited Liability Company Sakonnet View Apartments, LLC
3. State of Formation	n
State: <u>RI</u>	
Licing the following N	
Using the following N	ARTICLE III
Using the following N	
NAICS Code	AICS codes, please select the code that best describes your business.
NAICS Code	AICS codes, please select the code that best describes your business.
NAICS Code	AICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description APARTMENT BUI	AICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description         APARTMENT BUI         5. Principal Office A	AICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description         APARTMENT BUI         5. Principal Office A         No. and Street:	AICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description <u>APARTMENT BUI</u> 5. Principal Office A         No. and Street:       16         City or Town: <u>PC</u>	AICS codes, please select the code that best describes your business. <u>53</u> of the Character of the Business Which is Actually Conducted in Rhode Island LDING ddress <u>78 EAST MAIN ROAD, UNIT 14</u> <u>RTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> Country: <u>US</u>
NAICS Code         4. Brief Description <u>APARTMENT BUI</u> 5. Principal Office A         No. and Street:       16         City or Town: <u>PC</u>	AICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description         APARTMENT BUI         5. Principal Office A         No. and Street:       16         City or Town:       PC         6. Mailing Address of         Contact Name:       DAt	AICS codes, please select the code that best describes your business.          6       53         of the Character of the Business Which is Actually Conducted in Rhode Island         LDING         idress         78 EAST MAIN ROAD, UNIT 14         RTSMOUTH       State: RI zip: 02871 Country: US         f Limited Liability Company and Name or Title of Contact Person:         IEL KINSELLA Contact Title:       OWNER
NAICS Code         4. Brief Description <u>APARTMENT BUI</u> 5. Principal Office A         No. and Street:       16         City or Town:       PC         6. Mailing Address of         Contact Name:       DAI         No. and Street:       16	AICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description <u>APARTMENT BUI</u> 5. Principal Office A         No. and Street:       16         City or Town:       PC         6. Mailing Address of         Contact Name:       DAI         No. and Street:       167	AICS codes, please select the code that best describes your business.          6       53         of the Character of the Business Which is Actually Conducted in Rhode Island         LDING         idress         78 EAST MAIN ROAD, UNIT 14         RTSMOUTH       State: RI zip: 02871 Country: US         f Limited Liability Company and Name or Title of Contact Person:         IEL KINSELLA Contact Title:       OWNER
NAICS Code         4. Brief Description         APARTMENT BUI         5. Principal Office A         No. and Street:       16         City or Town:       PC         6. Mailing Address of         No. and Street:       167         Contact Name:       DAN         No. and Street:       167         City or Town:       PO	AICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description         APARTMENT BUI         5. Principal Office A         No. and Street:       16         City or Town:       PC         6. Mailing Address of         No. and Street:       167         Contact Name:       DAN         No. and Street:       167         City or Town:       PO         7. Name and Address       167	AICS codes, please select the code that best describes your business.

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

DANIEL KINSELLA 79 PECKHAM LANE MIDDLETOWN, RI 02842

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

**Signed this 6 Day of January, 2017 at 9:47:38 AM 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>D.KINSELLA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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