

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No.                                  |                            | 2. Exact name of the limited liability company   |                                    |                    |                     |  |  |  |  |  |
|---|----------------------------|--|------------------------------------|--------------------|---------------------|--|--|--|--|--|
| 486723  | Doc Pro                    | Doc Properties, LLC  |                                    |                    |                     |  |  |  |  |  |
| 3. State of Formation                             | 4. Brief des               | Brief description of the character of business conducted in Rhode Island     Property Management |                                    |                    |                     |  |  |  |  |  |
| Rhode Island                                      | Property                   |  |                                    |                    |                     |  |  |  |  |  |
| 5. Principal office address<br>667 Academy Avenue |                            |  | City<br>Providence                 | State<br><b>Ri</b> | Zip<br><b>02904</b> |  |  |  |  |  |
| 6. MAILING ADDRESS O                              | FEMITED LIABILE            | TY COMPANY AND   | NAME OR WITLE OF CONTACT P         | ERSON:             |                     |  |  |  |  |  |
| Contact Name  Dennis J. Lanni                     |                            |  | Contact Title Member               |                    |                     |  |  |  |  |  |
| Street Address 667 Academy Avenue                 |                            |  | City<br>Providence                 | State<br><b>RI</b> | Zip<br><b>02904</b> |  |  |  |  |  |
| 7. LIST ALL MANAGERS<br>("X" BOX FOR ALTACE       | (NAMES AND ADD<br>HMENT) [ | PRESSES) OF THE  | LIMITED LIABILITY COMPANY, IF      | ME AND PRODUCT CO. | NOT LIST MEMBERS    |  |  |  |  |  |
| Manager Name Street Address                       |                            |  | Manager Name                       |                    |                     |  |  |  |  |  |
|   |                            |  | Street Address                     |                    |                     |  |  |  |  |  |
| City  | State                      | Zip  | City                               | State              | Zip                 |  |  |  |  |  |
| Manager Name                                      |                            |  | Manager Name                       |                    |                     |  |  |  |  |  |
| Street Address                                    |                            |  | Street Address                     |                    |                     |  |  |  |  |  |
| City  | State                      | Zip  | City                               | State              | Zip                 |  |  |  |  |  |
| 8. RESIDENT AGENT IN A                            | HODE ISLAND .              |  |                                    |                    |                     |  |  |  |  |  |
| This information is currer                        | ntly of record in the      | Office of the Secr   | etary of State. Changes require fi | ling Form 642.     |                     |  |  |  |  |  |
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Form No. 632 Revised: 01/2012 FILED

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.

Signature of Authorized Person

Dennis J. Lanni

Print or Type Name of Authorized Person