| Annual Report for the y Limited Liability Compa | | 6 | | | | |
|--|---|-------------------|----------------------|---------------------|------------------------|--|
| → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | | | December 1. | - | | |
| 1. Entity ID Number 1658374 | 2. Exact name of the Limited Liability Company Saint23, LLC | | | | | |
| 3. NAICS Code 53 - Real Estate and Rental and | Brief description of the character of business conducted in Rhode Island Real Estate | | | | | |
| 5. State of Formation RI | | | | | | |
| 6. Principal Office Address 9 Mount Hygeia Road | | | City Foster | State RI | Zip 02825 | |
| 7. Mailing Address of Limited Lial | bility Compa | any and Name c | | | | |
| Contact Name Brian St. Croix | | | Contact Title Member | | | |
| Street Address 9 Mount Hygeia Road | | | City Foster | State RI | ^{Zip} 02825 | |
| 8. List ALL managers (names an | id addresser | s) of the Limited | | :ABLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | <u> </u> | | |
| City | State | Zip | City | State | Zip | |
| | | $\overline{}$ | | | indicate an attachment | |

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

Brian St. Croix

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

statements, and that all statements contained herein are true and correct.

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

FILED

Date

JAN 1 2 2017 14216DS