

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEFILER STATE

2017 JAN 26 PM 3: 37

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Event name	of the Limited Lie	hilib. Campan.	****	
1. Entity ID Number	2. Exact name of the Limited Liability Company				
511650	Regent Place, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation	teal Estate + property management.				
6. Principal Office Address	<u> </u>		T 0:4.	Tour	7:-
145 WATERMEN 55			City PROVIDENCE	State	Zip @2506
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROSER N R. C CARD			Contact Title MEMBER / MANAGER		
Street Address 1643 WARE ICK ANE #293			I City	State	Zip O2ft 9
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Date					
Robert N Ri achedi 1/26/2017					
Signature of Authorized Person					
Saber () 6 auco					

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

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FORM 632 - Revised: 08/2016