August	F

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year;	2016
Limited Liability Company	
→ Filing period: September 1 - No	vember 1
→ Filing Fee: \$50.00	

- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001340365	Exact name of the Limited Liability Company 167 Main, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	Real estate investment, leasing and management					
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
167 Main Road			Tiverton	RI	02878	
7. Mailing Address of Limited Lia	bility Company	and Name or Ti	tle of Contact Person	<del></del> . :		
Contact Name Kathleen Campbell			Contact Title Manager			
Street Address 167 Main Road		City Tiverton	State RI	Zip 02878		
8. List ALL managers (names ar		f the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST M	EMBERS	
Manager Name Kathleen Campbell		Manager Name				
Street Address 167 Main Road			Street Address		R.	
City Tiverton	State RI	Zip 02878	City	State	Zip EB COCCE	
Manager Name			Manager Name			
Street Address			Street Address	· · · ·		
City	State	Zip	City	State	Zip	
				Check the box to inc	licate an attachment	
<ol><li>Resident Agent in Rhode Island</li></ol>						
Under penalty of perjury, I decl statements, and that all statem	are and affirm ents contained	ti.     have exa I he. ₃in are true	mined this report, including e and correct.	any accompanying	schedules and	
Name of Authorized Person				Date	1 71, -3	
Kathleen Campbell				1/29	1241	
Signature of Authorized Person		SIGN DO	CUMENT HERE		B AN SE	
					5 3	

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**