	State of Rhode Island and Providence Plantations Fee Office of the Secretary of State	: \$50
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
imited Liabili	ty Company	
Innual Repor	t	
iling Period: Sep	ember 1 - November 1	
o file its annual re	n R.I.G.L. 7-16-66(d), each limited liability company failing or refusing port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- ject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2016</u>	
1. ID No. <u>00</u>	0870012	
2. Exact Name	of the Limited Liability Company Mystere Realty, LLC	
3. State of Form	nation	
State: <u>RI</u>		
	ARTICLE III	
l laine tha fallowi	a NAICC and a related the and that has described your business	
	g NAICS codes, please select the code that best describes your business.	
NAICS Code	<u>6</u> <u>53</u>	
4. Brief Descript	ion of the Character of the Business Which is Actually Conducted in Rhode Isla	and
-		
-		
REAL ESTATE	ACTIVITIES	
REAL ESTATE		
5. Principal Office No. and Street:	e Address <u>189 WATER STREET</u>	
	e Address	<u>\</u>
<b>5. Principal Offi</b> No. and Street: City or Town:	e Address <u>189 WATER STREET</u>	<u>×</u>
<ul> <li>5. Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addreet</li> <li>Contact Name:</li> </ul>	Example       189 WATER STREET         189 WATER STREET       PORTSMOUTH         PORTSMOUTH       State: RI       Zip: 02871       Country: USA         Example       State: Contact Person:       WILLIAM MUSELER, TRUSTEE       Contact Title:       MEMBER	<u>\</u>
<ul> <li>5. Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addre</li> <li>Contact Name:</li> <li>No. and Street:</li> </ul>	e Address <u>189 WATER STREET</u> <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> Country: <u>USA</u> ess of Limited Liability Company and Name or Title of Contact Person:	_
<ul> <li>5. Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addre</li> <li>Contact Name:</li> <li>No. and Street:</li> <li>City or Town:</li> </ul>	Image: See Address         189 WATER STREET         PORTSMOUTH       State: RI       Zip: 02871       Country: USA         Sess of Limited Liability Company and Name or Title of Contact Person:         WILLIAM MUSELER, TRUSTEE Contact Title:       MEMBER         189 WATER STREET         PORTSMOUTH       State: RI       Zip: 02871         Country: USA         dress of Each Manager of the Limited Liability Company, if Applicable.	_
<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addreet</li> <li>Contact Name:</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Addreet</li> </ul>	Image: See Address         189 WATER STREET         PORTSMOUTH       State: RI       Zip: 02871       Country: USA         Sess of Limited Liability Company and Name or Title of Contact Person:         WILLIAM MUSELER, TRUSTEE Contact Title:       MEMBER         189 WATER STREET         PORTSMOUTH       State: RI       Zip: 02871         Country: USA         dress of Each Manager of the Limited Liability Company, if Applicable.	_

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

MATTHEW J. LEONARD, ESQ. 321 SOUTH MAIN STREET, SUITE 301 PROVIDENCE, RI 02903

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

**Signed this 13 Day of February, 2017 at 2:14:19 PM 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>WILLIAM J. MUSELER, TRUSTEE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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