



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 000819726

**2. Exact Name of the Limited Liability Company** ACADIA, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

53

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO OWN, MANAGE, DEVELOP, MAINTAIN, REHABILITATE, RENOVATE, FINANCE,  
OPERATE,  
LEASE, SELL, CONVEY, ASSIGN, MORTGAGE OR OTHERWISE DEAL WITH SUCH  
PROPERTIES  
AS THE LLC MAY ACQUIRE FROM TIME TO TIME; TO CARRY ON ANY OTHER LAWFUL  
BUSINESS, TRADE, PURPOSE OR ACTIVITY.

**5. Principal Office Address**

No. and Street: 11 SEXTANT LANE

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: LYN ELLEN CENZALLI Contact Title: MANAGER

No. and Street: 11 SEXTANT LANE

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**  
**DO NOT LIST MEMBERS**

| Title   | Individual Name             | Address                                         |
|---------|-----------------------------|-------------------------------------------------|
|         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | LYN ELLEN CENZALLI          | 11 SEXTANT LANE<br>NARRAGANSETT, RI 02882 USA   |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DONALD H. PRIESTLY 11 SEXTANT LANE NARRAGANSETT , RI 02882

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

**Signed this 24 Day of February, 2017 at 10:24:06 AM 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 LYN ELLEN CENZALLI  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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