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. 001658785

2. Exact Name of the Limited Liability Company Anthony Avenue 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

HE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO ENGAGE IN INVESTMENT
AND DEVELOPMENT OF REAL ESTATE AND THE INTERESTS THEREIN, INCLUDING, BUT NOT LIMITED TO, FINANCING, REFINANCING, LENDING, LEASING, BUYING, ACQUIRING, OWNING, OPERATING, SELLING AND OTHERWISE DISPOSING OF AND OTHERWISE DEALING WITH INTERESTS IN REAL ESTATE, DIRECTLY OR INDIRECTLY, THROUGH JOINT VENTURES, PARTNERSHIPS AND OTHER ENTITIES; TO ENGAGE IN ANY OTHER ACTIVITIES IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS.

5. Principal Office Address

No. and Street: 51 WINTER STREET
City or Town: WEYMOUTH State: MA Zip: 02188 Country: USA

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

Contact Name: JASON SMITH Contact Title:
No. and Street: 51 WINTER ST
City or Town: WEYMOUTH State: MA Zip: 02188 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JASON D SMITH	51 WINTER STREET WEYMOUTH, MA 02188 USA

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

YALIS CHAMBERLIN 536 ATWELL AVE, SUITE 1 PROVIDENCE , RI 02909

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

Signed this 21 Day of March, 2017 at 8:23:35 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 JASON SMITH
Signature of Authorized Person

Form No. 632
Revised 09/07