s s		sland and Prov of the Secretar	idence Plantation of State	ONS Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
HOPE		(+01) 222-30+0	,	
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. to file its annual report withi 16-66(b&c)) is subject to a p	n thirty (30) days aft	er the time prescrib	, , ,	
ANNUAL REPORT YEAR:	<u>2016</u>			
1. ID No. 000550029				
2. Exact Name of the Limited Liability Company Padula Enterprises, LLC				
3. State of Formation				
State: <u>RI</u>				
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	a Character of the	Businssa Whish i	a Actually Conduct	
4. Bhei Description of th		Dusiness which i	S Actually Conduct	
REAL ESTATE				
5. Principal Office Addres	SS			
No. and Street: 142 PUTNAM PIKE				
City or Town: JOI	HNSTON	State: <u>RI</u>	Zip: <u>02919</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Corr	pany and Name	or Title of Contact	Person:
Contact Name: <u>MICHAEL J BARBOZA CPA</u> Contact Title: <u>ACCOUNTANT</u> No. and Street: 142 PUTNAM PIKE				
	INSTON	State: <u>RI</u>	Zip: <u>02919</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER		the Limited Liabil	ity Company, if Ap	plicable.
Title	Individua	I Name	Ad	dress
	First, Middle, I	_ast, Suffix	Address, City or Town,	State, Zip Code, Country
8. RESIDENT AGENT IN R Changes Require Filing				

MICHAEL J. BARBOZA, CPA 142 PUTNAM PIKE JOHNSTON, RI 02919

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

Signed this 2 Day of April, 2017 at 10:47:02 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 MICHAEL J BARBOZA CPA

Signature of Authorized Person

Form No. 632 Revised 09/07

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