

R.I. DEPT. OF STATE BUS SVOS DIV

2017 APR 18 AM 10:55

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
792308	790 Washirton St LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	Management of real estate and related activities				
5. State of Formation	,				
RI					
6. Principal Office Address			City	State	Zip
790 Washington St Stel			Caretry	PI	02816
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Penardo			Contact Title		
Street Address 790 Washington St Stc 1			City Carontay	State	Zip 02816
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					
ERICAT PANARON 4/18/17					7
Signature of Authorized Person					

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

APR 18 2017

BY 301147 KM