RI SOS Filing Number: 201741371020 Date: 4/19/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECRETED R.I. DEPT. OF STATE **BUS SYUS DIV**

2017 APR 19 PM 1: 11

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1

| 1. Entity ID Number 950 89 2 | 2. Exact name of the Limiter Liability Company 6 CAN ROPELY DEVELORMENT | | | | | |
|--|---|---------------------------------------|----------------------------|---------------------|----------------------|--|
| 00/1/001 | , , , , , , , | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| | - MARIAGE PRAPERTIES | | | | | |
| 5. State of Formation | MANAGE PROPERTIES | | | | | |
| 6. Principal Office Address OO I W TEXS XING | | | EAST GREENING State CO2818 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name SEAN TOND | | | Contact Title | | | |
| Street Address (C | O HUN | Tells (IM | city EAST GREEN | My State (| Zip 02818 | |
| 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 | |
| | | · · · · · · · · · · · · · · · · · · · | C | heck the box to inc | licate 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 4 | 19/17 | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | |
| WALL TO | FILED | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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