RI SOS Filing Number: 201741646560 Date: 4/24/2017 4:00:00 PM

State of Rhode Islan Department of	State - Bu	siness Se	ervices Division		2	
Annual Report for the year: Limited Liability Company					895 57 2811 APR 24	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					24	
→ Penalty: Additional \$25.	00 fee if form i	s not filed by	December 1.	-		
1. Entity ID Number	2. Exact na	me of the Lim	ited Liability Company	<u> </u>		
000797454	P	INE Cres	A Partners LLC		င်	
3. NAICS Code	4. Brief des	cription of the	character of business conducted	in Rhode Island		
5. State of Formation	\perp R	eal Esta	E			
Rhode Island			e en semble . Me se <mark>nde se</mark> n			
6. Principal Office Address	۸		City	State	Zip	
144 WAY land Avenue			Providence	R.T.	02906	
. Malling Address of Limited Li	ability Compan	y and Name o	r Title of Contact Person	. علمر حكار	00706	
ontact Name MAH	Antoni		Contact Tale OWNER			
Street Address 144 Way /4	nd Ave	NUE	City P	State	Zip C2 906	
. List ALL managers (names a lanager Name	nd addresses)	of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST N	EMBERS	
anager (valile			Manager Name			
Street Address			Street Address	Street Acdress		
ţy	State	Zip	City	State	Zip	
anager Name			Manager Name			
Street Address			Street Address	Street Address		
ty	State	Zip	City	State	Zip	
	الدر المرا <u>د</u> ر ويا			-Check the box to Ind	licate an etterate	
Resident Agent in Rhode Islan	d. This informatio	n is currently a	COCOTO With the Bonnerman of Person	Δ		
ter penalty of perjury, I decl				any accompanying	schedules and	
me of Authorized Person		marem are E	rue and correct			
KENNETH N. Nami						
nature of Authorized Person	- / / T/P /			1 3/6/-	2017	
1				1 *		

MAIL TO:

Division of Business Services

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

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

FILED

FORM 632 - Revisue: 08/2016

APR 24 2017 BY 301848 A.A.