



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
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**Annual Report for the year: 2017**

**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.

2017 JUL 26 PM 3:31

|                                                                                                                                                                                                             |       |                                                                                                                            |                          |                             |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|---------------------|
| 1. Entity ID Number<br><b>899611</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Abilheira Properties, LLC</b>                                         |                          |                             |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental ar</b>                                                                                                                                                      |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate and Rental of Properties</b> |                          |                             |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                            |                          |                             |                     |
| 6. Principal Office Address<br><b>c/o R Gary Clark Associates 1445 Wampanoag Trail Ste 202</b>                                                                                                              |       |                                                                                                                            | City<br><b>Riverside</b> | State<br><b>RI</b>          | Zip<br><b>02915</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                            |                          |                             |                     |
| Contact Name <b>R. Gary Clark</b>                                                                                                                                                                           |       |                                                                                                                            | Contact Title <b>CPA</b> |                             |                     |
| Street Address <b>1445 Wampanoag Trail Ste 202</b>                                                                                                                                                          |       |                                                                                                                            | City <b>Riverside</b>    | State <b>RI</b>             | Zip <b>02915</b>    |
| 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                            |                          |                             |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                            |                          |                             |                     |
| <b>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.</b> |       |                                                                                                                            |                          |                             |                     |
| Name of Authorized Person<br><b>Felicidade B Abilheira</b>                                                                                                                                                  |       |                                                                                                                            |                          | Date<br><b>July 7, 2017</b> |                     |
| Signature of Authorized Person<br><i>Felicidade B. Abilheira</i>                                                                                                                                            |       |                                                                                                                            |                          | SIGN DOCUMENT HERE          |                     |

**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**

**JUL 26 2017**

BY **309074**

**A.A. 3:35p.m.**

FORM 632 - Revised: 02/2017