



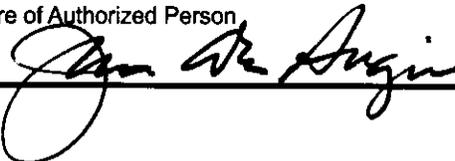
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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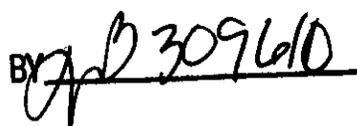
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**Annual Report for the year: 2016**  
**Limited Liability Company**

- 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<br><b>1657112</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Peabody's Beach Enterprises, LLC</b>   |  |                     |     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental an</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Acquisition, development, management, lease, sale, and other disposition of real property and improvements.</b> |  |                     |     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |  |                     |     |
| 6. Principal Office Address<br><b>One Citizens Plaza, 8th Floor</b>   |       | City<br><b>Providence</b>   | State<br><b>RI</b>                     | Zip<br><b>02903</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |  |                     |     |
| Contact Name <b>Joseph DeAngelis</b>  |       |   | Contact Title <b>Authorized Person</b> |                     |     |
| Street Address <b>One Citizens Plaza, 8th Floor</b>   |       | City <b>Providence</b>  | State <b>RI</b>                        | Zip <b>02903</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>Joseph DeAngelis</b>  |       |   | Date <b>8/3/17</b>                     |                     |     |
| Signature of Authorized Person<br>   |       | 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

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**AUG - 3 2017**  
 BY  309610  
 FORM 632 - Revised: 02/2017