



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000550077

2. Exact Name of the Limited Liability Company APOLLO BROTHERS LLC

3. State of Formation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

63

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

DEVELOPING REAL ESTATE; TO BUY, MORTGAGE, LEASE, LET, EXCHANGE, BUILD, CONSTRUCT, REPAIR, DEVELOP, EQUIP, MAINTAIN, HOLD AND SELL BUILDINGS AND REAL ESTATE; TO ENTER INTO AND CARRY OUT CONTRACTS FOR ANY OR ALL OF THE AFORESAID PURPOSES; TO BORROW MONEY OR OTHERWISE INCUR INDEBTEDNESS OR LIABILITY FOR EFFECTING ANY OF THE AFORESAID PURPOSES; AND TO DO ALL THINGS OR ACTS NECESSARY OR PROPER, INCIDENTAL OR CONVENIENT TO THE CARRYING ON OR PURSUANCE TO THE FOREGOING OBJECT AND PURPOSES.

5. Principal Office Address

No. and Street: 34 WILLIAMS RD

City or Town: FITCHBURG

State: MA

Zip: 01420

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ASHOK HINGORANY Contact Title: MANAGER

No. and Street: 34 WILLIAMS ROAD
City or Town: FITCHBURG State: MA Zip: 01420 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ASHOK HINGORANY	34 WILLIAMS ROAD FITCHBURG, MA 01420 USA
MANAGER	ACHLA BAHL MADAN	34 WILLIAMS RD FITCHBURG, MA 01420 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PARASEARCH, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of August, 2017 at 11:15:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ASHOK HINGORANY
Signature of Authorized Person

Form No. 632
Revised 09/07