S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 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:	<u>2017</u>		
1. ID No. <u>000104244</u>			
2. Exact Name of the Limited Liability Company <u>JOSEPH VOCCOLA L.L.C.</u>			
3. State of Formation			
State: <u>RI</u>			
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 <u>click here.</u>			
NAICS Code		<u> </u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>REAL ESTATE RENTAL</u>			
5. Principal Office Addre	SS		
	<u>CHARD MEADOWS DRIVE</u> IFIELD	State: <u>RI</u> Zip: <u>02917</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
No. and Street: 67 OR	I VOCCOLA Contact Title: CHARD MEADOWS DRIVE		
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix JOSEPH VOCCOLA	Address, City or Town, State, Zip C	
WANAGER	JUSEFN VUUUULA	67 ORCHARD MEAD	OWS

SMITHFIELD, RI 02917- USA

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

JOSEPH VOCCOLA 67 ORCHARD MEADOWS DRIVE SMITHFIELD, RI 02917

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 3:42:55 PM 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 JOSEPH VOCCOLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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