s second	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
	Providence RI 0290 (401) 222-304		
HOPE	(+01) 222-30	10	
imited Liability Com	ipany		
Annual Report Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc		
6-66(b&c)) is subject to a			
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>00086985</u>	<u>1</u>		
2. Exact Name of the Limited Liability Company THIN BLUE LINE PARTNERS, LLC			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode	Island
-			
I OWN RESIDENTIAL	REAL ESTATE FOR WHICH I C	OLLECT RENT.	
5. Principal Office Addre	SS		
No. and Street: 25	JASPER STREET		
City or Town: <u>PR</u>	OVIDENCE State: E	<u>AI</u> Zip: <u>02904</u> Country: <u>U</u>	<u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
	<u>MONDI</u> Contact Title: <u>OWNER</u> ASPER STREET		
	DVIDENCEState:	<u>RI</u> Zip: <u>02904</u> Country: <u></u>	<u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code,	Country
MANAGER	ALIAS IMONDI	25 JASPER STREET PROVIDENCE, RI 02904 USA	

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

ALIAS IMONDI 25 JASPER STREET PROVIDENCE, RI 02904

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

**Signed this 4 Day of September, 2017 at 12:35:19 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 ALIAS IMONDI

Signature of Authorized Person

Form No. 632 Revised 09/07

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