	State of Rhode Island and P Office of the Secre	• • • • • • • • • • • • • • • • • • • •	Fee: \$50.00
	Division Of Busine	ss Services	
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-3	040	
Limited Liability Com	ipany		
Annual Report Filing Period: September 1 - November 1			
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. <u>000579043</u>			
2. Exact Name of the Limited Liability Company <u>RRSPRI, LLC</u>			
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 <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531190</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE INVES	<u>TMENT</u>		
5. Principal Office Addre	SS		
No. and Street: 75 LA	MBERT LIND HIGHWAY		
	WICK	State: <u>RI</u> Zip: <u>02886</u> Co	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact			
	MBERT LIND HIGHWAY	0 DI	
City or Town: WARV	<u>VICK</u>	State: <u>RI</u> Zip: <u>02886</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HASLAW, INC. HINCKLEY, ALLEN & SNYDER LLP 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE , RI 02903

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

Signed this 8 Day of September, 2017 at 1:54:46 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 BRIAN TOUGAS

Signature of Authorized Person

Form No. 632 Revised 09/07

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