



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. Entity ID No. <u>103971</u> | | 2. Exact name of the limited liability company <u>R.J. CARREIRO PROPERTIES, LLC</u> | |
| 3. State of Formation <u>RHODE ISLAND</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u> <u>531110</u> | |
| 5. Principal office address <u>4 OVERLOOK DRIVE</u> | | City <u>BRISTOL</u> | State <u>RI</u> Zip <u>02809</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name <u>RAYMOND J. CARREIRO</u> | | Contact Title <u>AGENT</u> | |
| Street Address <u>4 OVERLOOK DRIVE</u> | | City <u>BRISTOL</u> | State <u>RI</u> Zip <u>02809</u> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name <u>RAYMOND J. CARREIRO, JR.</u> | | Manager Name | |
| Street Address <u>18 FOX HILL AVENUE</u> | | Street Address | |
| City <u>BRISTOL</u> | State <u>RI</u> | Zip <u>02809</u> | City State Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City State Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | |

FILED

SEP 11 2017

BY 50305

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Raymond J. Carreiro 9-7-2017
Signature of Authorized Person Date

RAYMOND J. CARREIRO
Print or Type Name of Authorized Person