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State of Rhode Island and Providence Plantations

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.rl.gov

148 W. River Street, Providence, Rhode Island 02904-2615

Department of State - Business Services Division

Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00	iny 1 - November '	I			•••• ••• ••
→ Penalty: Additional \$25.00	) fee if form is no	it filed by Decem	nber 1. 		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
506 353	203 Property (nous LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53110	Real Estate				
5. State of Formation	11000				
RI	<u> </u>	_ <del></del>	<u></u>		<del></del>
6. Principal Office Address	ess of		City	State	Zip
203 Angell St			trovidence	KI	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Toan Sackett			Contact Title		
Street Address Angell St			Providence	State	Zp 02906
		the Limited Llabi	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS
Manager Name Toon Sachutt			Manager Name		
Street Address 203 Angul ST			Street Address		
on grounding	State RT	Z1902906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	<b>Z</b> ip	City	State	Zrp
Check the box to indicate an attachme					
			ord with the Department of State. Cha		
Under penalty of perjury, I dec statements, and that all states			nined this report, including any a and correct.	accompanying (	schedules end
Name of Authorized Person	oan	Sac	kett	Date 9 8 17	
Signature of Authorized Person	Toa		CUMENT REFER	-	
MAIL TO:			EILED 6	L	