S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Company Annual Report 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>000114991</u>			
2. Exact Name of the Limited Liability Company <u>AGEM, 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 here. More information on NAICS can be found online.			
the list of codes <u>more.</u> More information on <u>NATOO</u> can be found office.			
<u>523999</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
<u>TO OWN, OPERATE, SELL, FINANCE AND OTHERWISE DEAL WITH REAL AND</u> <u>PERSONAL</u> <u>PROPERTY</u>			
5. Principal Office Addre	SS		
	<u>POWER STREET</u> <u>OVIDENCE</u> State: <u>F</u>	<u>AI</u> Zip: <u>02906</u> Count	ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: MICHAEL W. JOUKOWSKY Contact Title:			
No. and Street:99 POWER STREETCity or Town:PROVIDENCEState: RIZip: 02906Country: USA			
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

MANAGER

MICHAEL W JOUKOWSKY

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

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR 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 13 Day of September, 2017 at 7:41:27 AM 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 MICHAEL W. JOUKOWSKY

Signature of Authorized Person

Form No. 632 Revised 09/07

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