Sta Sta Sta Sta Sta Sta Sta Sta	Division 148 Provider (40 any lovember 1 16-66(d), each limited hirty (30) days after the	of Business S W. River Streence RI 02904 01) 222-3040	y of State Services eet 2615 )	ONS Fee: \$50.00
Annual Report Filing Period: September 1 - N In accordance with R.I.G.L. 7- to file its annual report within t 16-66(b&c)) is subject to a per	148 Provider (40 any lovember 1 16-66(d), each limited hirty (30) days after the	W. River Stren nce RI 02904 01) 222-3040 liability compa	eet 2615 )	
Annual Report Filing Period: September 1 - N In accordance with R.I.G.L. 7- to file its annual report within t 16-66(b&c)) is subject to a per	(40 <b>any</b> lovember 1 16-66(d), each limited hirty (30) days after the	01) 222-3040 liability compa	)	
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Annual Report Filing Period: September 1 - N In accordance with R.I.G.L. 7- to file its annual report within t 16-66(b&c)) is subject to a per	lovember 1 16-66(d), each limited hirty (30) days after the			
to file its annual report within t 16-66(b&c)) is subject to a pel	hirty (30) days after the			
ANNUAL REPORT YEAR: 2				
	017			
<b>1. ID No.</b> <u>000911530</u>				
2. Exact Name of the Limit	ted Liability Compan	y <u>SEASIDE</u>	LOT 235, LLC	
3. State of Formation				
State: <u>RI</u>				
	AF	RTICLE III		
Enter the six digit NAICS Cod the list of codes <u>here.</u> More in		• •		y the entity. Download
<u>531390</u>				
4. Brief Description of the 0	Character of the Busi	ness Which i	s Actually Conduct	ed in Rhode Island
THIS IS A LOT THAT W	E OWN.			
5. Principal Office Address				
No. and Street: 381 SI	EASIDE DRIVE			
	<u>ESTOWN</u>	State: R	<u>I</u> Zip: <u>02835</u>	Country: <u>USA</u>
6. Mailing Address of Limit	ed Liability Company	y and Name o	or Title of Contact I	Person:
	<u>HVAGO</u> Contact Title: EASIDE DRIVE	OWNER		
	STOWN	State: <u>R</u>	<u>Rl</u> Zip: <u>02835</u>	Country: <u>USA</u>
7. Name and Address of Ea DO NOT LIST MEMBERS	-	imited Liabil.	ity Company, if Ap	plicable.
Title	Individual Na	me	Ade	dress
	First, Middle, Last, S	Suffix	Address, City or Town,	State, Zip Code, Country

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

KRISTIN ZHIVAGO <u>381 SEASIDE DRIVE</u> <u>JAMESTOWN</u>, <u>RI</u> <u>02835</u>

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 8:20:38 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 <u>KRISTIN ZHIVAGO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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