RI SOS Filing [redacted]r: 201749739480 Date: 9/14/2017 4:00:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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

1. ID No. 488213	2. Exact name of the limited liability company: St. Augustine Management LLC.	
3. State of Formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: Real Estate 53110	
5. Principal office address: 14 STARLINE WAY	City: CRANSTON	State: RI	Zip: 02921

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: OSSAMA LABIB	Contact Title: Manager.		
Street Address: 833 OLD WARREN RD.	City: SWANSEA	State: MA	Zip: 02777

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name: OSSAMA LABIB	Manager Name: DOUAA GIRGIS
Street Address: 833 OLD WARREN RD	Street Address: 833 OLD WARREN RD.
City: SWANSEA | State: MA | Zip: 02777	City: SWANSEA | State: MA | Zip: 02777
Manager Name: Larry Monet.	Manager Name:
Street Address: 14 Starline Way.	Street Address:
City: CRANSTON | State: RI | Zip: 02921	City: | State: | Zip:

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

Agent Name:	Address:	
Address:	City:	Zip:

ID # 488213
Tax ID # 80-0404936.

FILED
SEP 14 2017
BY 1048 DS

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

[redacted]

[redacted]

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.

O. [illegible] 9/8/17
Signature of Authorized Person *Date*

[redacted]

OSSAMA LABIB
Print or Type Name of Authorized Person

Fee Date	
Check No.	
By	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07