RI SOS Filing Number: 201749749100 Date: 9/14/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Limited Liability Company

Siling assist Contembor 1 Novem

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
1337615	Allen	Allen Pavlides LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
541310	Architect	Architectural design services & consulting				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
155 Benefit St			Providence	RI	02906	
7. Mailing Address of Limited		any and Name o				
Contact Name Stephanie Pavlides			Contact Title member			
Street Address 155 Benefit St			City Providence	State RI	^{Zip} 02906	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u>-</u>			Check the box to	ndicate an attachment	
9. Resident Agent in Rhode	Island. This infor	mation is currently	of record with the Department of Stat	e. Changes require film	ng Form 642.	
Under penalty of perjury, I statements, and that all sta			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Stephanie Pavlides				9/11/17		
Signature of Authorized Pers	son		7			

MAIL TO:

Division of Business Services

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

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

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