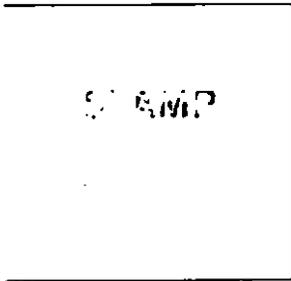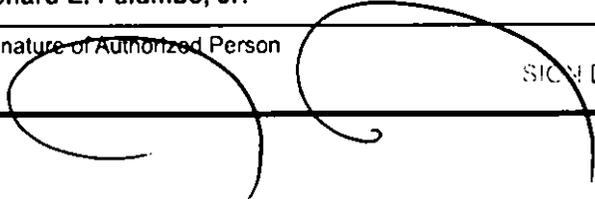State of Rhode Island and Providence Plantations
Department of State - Business Services Division

C. GMP

Annual Report for the year: __2017__
Limited Liability Company
→ 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 name of the Limited Liability Company
0000086005	**CARTER HOLDINGS, LLC**

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
531390	**To purchase, sell, mortgage, develop and otherwise deal with Real property.**

5. State of Formation
RI

6. Principal Office Address	City	State	Zip
535 Atwood Ave, Suite 4	**Cranston**	**RI**	**02920**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Richard E. Palumbo, Jr.**	Contact Title		
Street Address **535 Atwood Ave, Suite #4**	City **Cranston**	State **RI**	Zip **02920**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **Richard E. Palumbo, Jr.**			Manager Name		
Street Address **535 Atwood Ave, Suite 4**			Street Address		
City **Cranston**	State **RI**	Zip **02920**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
Richard E. Palumbo, Jr.	**9/13/17**

Signature of Authorized Person

SIGN DOCUMENT HERE

FILED

SEP 1 5 2017

BY __3048__

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2017