s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000141965</u>	5		
2. Exact Name of the Lin DEVELOPMENT LLC	mited Liability Company <u>BALFO</u>	JR BEATTY MILITARY HO	DUSING
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		y. Download
<u>531390</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	ode Island
DEVELOPER FOR MIL	LITARY HOUSING FACILITIES		
5. Principal Office Addre	SS		
No. and Street: ONE C	<u>COUNTRY VIEW ROAD</u> E 100		
City or Town: MALV		tate: <u>PA</u> Zip: <u>19355</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact No. and Street: ONE C	Title: COUNTRY VIEW ROAD		
City or Town: MALV	100	ate: <u>PA</u> Zip: <u>19355</u> Cou	ntry: <u>USA</u>
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 C	ode, Country

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 19 Day of September, 2017 at 9:00:38 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 SHARON MARCONE

Signature of Authorized Person

Form No. 632 Revised 09/07

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