	State of Rhode Island and Pr Office of the Secret		Fee: \$50.0
	Division Of Busine 148 W. River	Street	
HOPE	Providence RI 029 (401) 222-3		
Limited Liability Cor Annual Report Filing Period: September			
	7-16-66(d), each limited liability cor hin thirty (30) days after the time pres h penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
<b>1. ID No.</b> <u>00014196</u>	<u>55</u>		
2. Exact Name of the L DEVELOPMENT LLC	imited Liability Company <u>BALF(</u>	UR BEATTY MILITARY H	<u>IOUSING</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primar re information on <u>NAICS</u> can be foun	-	tity. Download
<u>531390</u>			
4. Brief Description of t	he Character of the Business Whi	h is Actually Conducted in R	hode Island
DEVELOPER FOR MI	LITARY HOUSING FACILITIE		
5. Principal Office Addr			
No. and Street: ONE	<u>COUNTRY VIEW ROAD</u> E 100		
	VERN	State: <u>PA</u> Zip: <u>19355</u> C	ountry: <u>USA</u>
6. Mailing Address of L	imited Liability Company and Nan	e or Title of Contact Person	
Contact Name: Contac			
	COUNTRY VIEW ROAD E 100		
		tate: <u>PA</u> Zip: <u>19355</u> Co	ountry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	f Each Manager of the Limited Lia ERS	bility Company, if Applicabl	e.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	o Code, 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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