State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615 (401) 222-3040
OF E
Limited Liability Company Annual Report
Filing Period: September 1 - November 1
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.
ANNUAL REPORT YEAR: 2017
1. ID No. <u>000540911</u>
2. Exact Name of the Limited Liability Company <u>DORSEY PROPERTY, LLC</u>
3. State of Formation
State: <u>RI</u>
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>531110</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
<u>TO BUY, SELL, CONVEY, MAINTAIN, MANAGE, BORROW, MORTGAGE AND</u> OTHERWISE
OPERATE AND DEAL WITH ANY AND ALL REAL ESTATE OR ANY INTEREST THERIN
5. Principal Office Address
No. and Street: 815 SANDY LANE #23
City or Town: $WARWICK$ State: \underline{RI} Zip: $\underline{02886}$ Country: \underline{USA}
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>SHARON FITZPATRICK</u> Contact Title: <u>MANAGER</u>
No. and Street: 1281 NEW BOSTON ROAD
City or Town: <u>FALL RIVER</u> State: <u>MA</u> Zip: <u>02720</u> Country: <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 Code, Country

MANAGER

SHARON FITZPATRICK

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

BRIAN DORSEY 815 SANDY LANE, #23 WARWICK , RI 02886

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

Signed this 20 Day of September, 2017 at 11:32:02 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 FITZPATRICK

Signature of Authorized Person

Form No. 632 Revised 09/07

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