RI SOS Filing Number: 201750262100 Date: 9/22/2017 4:00:00 PM

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

STAMP

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		
588485	**Angell Road Associates, LLC**		
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island		
5. State of Formation **Rhode Island**	**To own and manage real estate**		
6. Principal Office Address **1988 Louisquisset Pike**	City **Lincoln**	State **RI**	Zip **02865**

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

Contact Name **Michael F. Elliott**	Contact Title **Manager**		
Street Address **1988 Louisquisset Pike**	City **Lincoln**	State **RI**	Zip **02865**

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

Manager Name **Michael F. Elliott**			Manager Name **John Trojan, Jr.**		
Street Address **1988 Louisquisset Pike**			Street Address **1988 Louisquisset Pike**		
City **Lincoln**	State **RI**	Zip **02865**	City **Lincoln**	State **RI**	Zip **02865**
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 **Michael F. Elliott**	Date 9.20.17
Signature of Authorized Person SIGN DOCUMENT HERE	

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
SEP 22 2017
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FORM 632 - Revised: 08/2016