



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

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<br><b>1077776</b>   |       | 2. Exact name of the Limited Liability Company<br><b>255 Legris Avenue, LLC</b>                   |      |                        |                     |
| 3. NAICS Code<br><b>531110</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |      |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |      |                        |                     |
| 6. Principal Office Address<br><b>875 Centerville Road, Building 4, Unit 11</b>   |       | City<br><b>Warwick</b>  |      | State<br><b>RI</b>     | Zip<br><b>02886</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |      |                        |                     |
| Contact Name <b>Steven W. DePasquale</b>  |       | Contact Title <b>Member</b>   |      |                        |                     |
| Street Address <b>875 Centerville Road, Building 4, Unit 11</b>   |       | City <b>Warwick</b>   |      | State <b>RI</b>        | Zip <b>02886</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |      |                        |                     |
| Manager Name  |       | Manager Name  |      |                        |                     |
| Street Address  |       | Street Address  |      |                        |                     |
| City  | State | Zip   | City | State                  | Zip                 |
| Manager Name  |       | Manager Name  |      |                        |                     |
| Street Address  |       | Street Address  |      |                        |                     |
| City  | State | Zip   | City | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |      |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |      |                        |                     |
| <i>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.</i> |       |   |      |                        |                     |
| Name of Authorized Person<br><b>Steven W. DePasquale</b>  |       |   |      | Date<br><b>9/18/17</b> |                     |
| Signature of Authorized Person<br>  |       |   |      | 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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