s s			
	itate of Rhode Island and Provid Office of the Secretary of		Fee: \$50.00
	Division Of Business Ser 148 W. River Street		
	Providence RI 02904-2		
	(401) 222-3040	015	
HOPE	(401) 222-3040		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability company in thirty (30) days after the time prescribec penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000163246</u>	<u>5</u>		
2. Exact Name of the Li	mited Liability Company <u>INSPIRE, Li</u>	<u></u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary busi e information on <u>NAICS</u> can be found onlir	-	ntity. Download
<u>531110</u>			
	e Character of the Business Which is A	Actually Conducted in F	Rhode Island
DEVI ESTATE RUI DI			
REAL ESTATE HOLD	ING COMPANY		
5. Principal Office Addre			
5. Principal Office Addre	SS		
5. Principal Office Addre No. and Street: <u>38</u>	ess 8 MANN AVE	Zip: 02840 Count	ry: USA
5. Principal Office Addre No. and Street: 38 City or Town: <u>N</u>	ess 8 MANN AVE		ry: <u>USA</u> :
5. Principal Office Addre No. and Street: 38 City or Town: N 6. Mailing Address of Line	ess <u>8 MANN AVE</u> <u>EWPORT</u> State: <u>RI</u> 2 mited Liability Company and Name or 1	·	·
5. Principal Office Addre No. and Street: 38 City or Town: N 6. Mailing Address of Lin Contact Name: Contact	ess 8 MANN AVE EWPORT State: RI mited Liability Company and Name or Title:	·	·
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5. Principal Office Addre No. and Street: 38 City or Town: N 6. Mailing Address of Lin Contact Name: Contact No. and Street: 38 City or Town: N	8 MANN AVE 8 MANN AVE EWPORT State: RI mited Liability Company and Name or Title: MANN AVE EWPORT State: RI EWPORT State: RI	Fitle of Contact Person	: ry: <u>USA</u>
5. Principal Office Addre No. and Street: 38 City or Town: N 6. Mailing Address of Lin Contact Name: Contact No. and Street: 38 City or Town: NE 7. Name and Address of	8 MANN AVE 8 MANN AVE EWPORT State: RI mited Liability Company and Name or Title: MANN AVE EWPORT State: RI EWPORT State: RI	Fitle of Contact Person	: ry: <u>USA</u>
 5. Principal Office Addre No. and Street: <u>38</u> City or Town: <u>N</u> 6. Mailing Address of Lin Contact Name: Contact No. and Street: <u>38</u> City or Town: <u>NE</u> 7. Name and Address of DO NOT LIST MEMBER 	B MANN AVE <u>8 MANN AVE</u> <u>EWPORT</u> State: <u>RI</u> mited Liability Company and Name or 1 Title: <u>MANN AVE</u> <u>SMANN AVE</u> <u>SWPORT</u> State: <u>RI</u> <u>State</u> <u>RS</u> Individual Name	Fitle of Contact Person p: <u>02840</u> Count Company, if Applicabl	: ry: <u>USA</u> e.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THERESA M. DEGNAN <u>38 MANN AVE</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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

Signed this 27 Day of September, 2017 at 5:35:37 PM 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 <u>THERESA DEGNAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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