

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations wsos ri.gov - Website: www.sos.ni.gov

2017

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

	2. Exact n	ame of the limited Labi	ity company		 _		
000974364	High St	reet Realty, LLC	,,				
3. State of Formation	4. Brief de	Sociation of the obscore	er of business conducted in Phod				
Rhode Island	Real Es		8/390	e Island			
5. Principal office address P.O. Box 1136	 :		City Block island	State RI	7 ₁₀ 02807		
B, MAICING ADDRESS OF L	MITED LIABIL	TY COMPANY AND A	IAME OR TITLE OF CONTACT P				
Cariona F. Corcoran			Contact Tile Member	ERSON:	<u>- 1 3 22</u>		<u>, 14-31,</u>
P.O. Box 1136			City Block Island	State Ri	Ζlp		
LIST ALL MANAGERS (N/	AMES AND AD	PRESSES) OF THE L	IMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIS	2807 T MEMR	ERS.
Лападе: Мат.е			Manager Name	<u> </u>			
			A CONTRACTOR INC.				
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treet Address	- 		Street Address			2017 S	<u> </u>
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File Date	No.
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Ву:	
FOR SE	RETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

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.

Signature of Authorized Person

Cariona F. Corcoran, Member

Print or Type Name of Authorized Person