

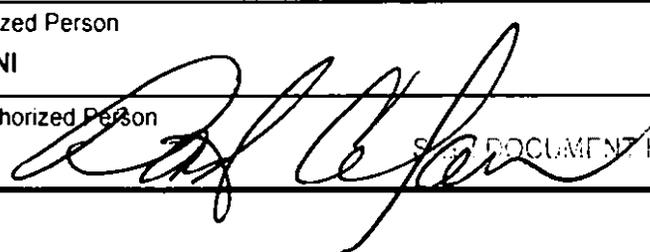


State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

STATE

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 142956		2. Exact name of the Limited Liability Company MAPLE AVE MEDICAL & PROFESSIONAL CTR LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation RI					
6. Principal Office Address 24 STAFFORD COURT		City CRANSTON	State RI	Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DAVID CELANI			Contact Title MEMBER		
Street Address 24 STAFFORD COURT		City CRANSTON	State RI	Zip 02920	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SAME AS ABOVE		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 DAVID CELANI				Date 9/26/17	
Signature of Authorized Person 				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 28 2017

BY 3630 KM