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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	4. Brief description of the character of business conducted in Rhode Island				
531120	REAL ESTATE				
5. State of Formation					
RI .					
6. Principal Office Address			City	State	Zip
24 STAFFORD COURT			CRANSTON	RI	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	^{Z_{IP}} 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 attachmen					
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 DAVID CELANI Date 9/2/2/17					
1//////////////////////////////////////					
Signature of Authorized Person Signature of Authorized Person Signature of Authorized Person Signature of Authorized Person					
0 /					

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**

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