RI SOS Filing Number: 201750867620 Date: 10/2/2017 4:00:00 PM

(III)

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.

Entity ID Number 2. Exact name of the Limited Liability Company						
140764	BENKER FAMILY LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
140764	Real estate investment					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
P.O. BOX 3346			GROTON LONG POINT	СТ	06340-8204	
7: Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name VALERIE J. BENKER			Contact Title MANAGER			
Street Address P.O. Box 3346			City Groton Long Point	State CT	^{Zip} 06340-8204	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Valerie J. Benker			Manager Name None			
Street Address P.O. Box 3346			Street Address			
City Groton Long Point	State CT	^{Zip} 06340	City	State	Zıp	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
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 Date						
Valerie J. Benker, Member 9/20/2017						
Signature of Authorized Person SIGN DOCUMENT HERE Wern tra						

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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