St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -	, in the second s		
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>000154865</u>			
2. Exact Name of the Lim	ited Liability Company <u>SHEAH</u>	AN'S WAY LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	ode that best describes the primary information on <u>NAICS</u> can be found		ty. Download
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rh	ode Island
RENTAL PROPERTY			
5. Principal Office Addres	S		
	<u>NORTH ROAD</u> <u>MESTOWN</u> State: <u>RI</u>	Zip: <u>02835</u> Countr	y: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Person:	
No. and Street: 49 N	<u>HBREWER</u> Contact Title: ORTH ROAD		
City or Town: JAM	ESTOWN State: <u>RI</u>	Zip: 02835 Countr	y: <u>USA</u>
7. Name and Address of I DO NOT LIST MEMBER	Each Manager of the Limited Liab S	ility Company, if Applicable.	
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix GAIL SHEAHAN	Address, City or Town, State, Zip	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KENNETH BREWER 49 NORTH MAIN ROAD JAMESTOWN, RI 02835

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

Signed this 6 Day of October, 2017 at 1:33:46 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 KENNETH BREWER

Signature of Authorized Person

Form No. 632 Revised 09/07

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