S S	tate of Rhode Island and Pro Office of the Secreta		0.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000099914</u>			
2. Exact Name of the Limited Liability Company CORVIAS MILITARY LIVING, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>531110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE OWNERSHIP AND DEVELOPMENT			
5. Principal Office Addre	SS		
No. and Street:1405 SOUTH COUNTY TRAIL, STE 530City or Town:EAST GREENWICHState:RIZip:02818Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: 1405 SOUTH COUNTY TRAIL, STE 530 City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix JOHN G PICERNE	Address, City or Town, State, Zip Code, Country 1405 SOUTH COUNTY TRAIL, STE 530 EAST GREENWICH, RI 02818 USA	

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

E. COLBY CAMERON, ESQ. 301 PROMENADE STREET PROVIDENCE, RI 02908

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 3:39:47 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 JOHN G. PICERNE

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved