



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>134629</u>		2. Exact name of the limited liability company <u>STEVENS-TILLEY PROPERTIES, LLC</u>			
3. State of Formation <u>RI 63110</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE ENTITY FOR BELOW PROPERTY</u>			
5. Principal office address <u>1049 MAIN STREET</u>		City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>AMEY TILLEY</u>		Contact Title <u>VICE PRESIDENT</u>			
Street Address <u>1049 MAIN STREET</u>		City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>AMEY TILLEY</u>		Manager Name <u>PETER STEVENS</u>			
Street Address <u>33 DION AVE</u>		Street Address <u>1000 GREEN HILL BEACH ROAD</u>			
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 06 2017

BY 503 DS

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.

Amy Tilley
Signature of Authorized Person

10-3-17
Date

AMEY TILLEY
Print or Type Name of Authorized Person

File Date _____
Check No _____
By: _____
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