



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.

| | | | | | |
|---|-----------------|---|------------------------------|--------------------------|---------------------|
| 1. Entity ID Number 124081 | | 2. Exact name of the Limited Liability Company QUONSET INVESTMENTS LLC | | | |
| 3. NAICS Code Services (except Public Administration) | | 4. Brief description of the character of business conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING AND LEASING REAL PROPERTY | | | |
| 5. State of Formation RHODE ISLAND | | 53110 | | | |
| 6. Principal Office Address 1001 N US HIGHWAY 1, SUITE 702 | | City JUPITER | | State FL | Zip 33477 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name DOUGLAS G. MANCOSH | | | Contact Title MANAGER | | |
| Street Address 1001 N. US HIGHWAY 1, SUITE 702 | | City JUPITER | | State FL | Zip 33477 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name DOUGLAS G. MANCOSH | | | Manager Name | | |
| Street Address 1001 N US HIGHWAY 1, SUITE 702 | | | Street Address | | |
| City JUPITER | State FL | Zip 33477 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person DOUGLAS G. MANCOSH | | | | Date 10/2/2017 | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE | |

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

OCT 06 2017

0034 DS

FORM 632 - Revised: 08/2016