S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com n thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000927129</u>)		
2. Exact Name of the Limited Liability Company STAR INVESTMENTS, LLC			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
236118			
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted in Rh	ode Island
CONSTRUCTION/ RENOVATION AND REAL ESTATE DEVELOPMENT			
5. Principal Office Addre	SS		
No. and Street:135 OLCity or Town:PASCO	LD WALLUM LAKE ROAD DAG	State: <u>RI</u> Zip: <u>02859</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>KEVIN C. STOCKWELL</u> Contact Title: <u>OWNER</u> No. and Street: 135 OLD WALLUM LAKE ROAD			
City or Town: PASCO		State: <u>RI</u> Zip: <u>02859</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country
MANAGER	KEVIN C. STOCKWELL	135 OLD WALLUM LA PASCOAG, RI 02859 U	
MANAGER	HEATHER STOCKWELL	135 OLD WALLUM LA	AKE RD

PASCOAG, RI 02859 USA

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

KEVIN C. STOCKWELL <u>135 OLD WALLUM LAKE ROAD</u> PASCOAG , <u>RI</u> 02859

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

Signed this 9 Day of October, 2017 at 4:43:55 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 <u>KEVIN C. STOCKWELL</u> 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