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→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	STAMP
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

· · · · · · · · · · · · · · · · · · ·	T					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
971962	The Putnam Group, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1421110	Commercial Rental Property					
5. State of Formation	1					
Rhode Island						
	<u> </u>				7:-	
6. Principal Office Address			City Greenville	State RI	Zip 02828	
8 Spruce Circle			Greenville	KI .	02020	
7. Mailing Address of Limited Lia	•	ny and Name or T	Title of Contact Person			
Contact Name William Santoro			Contact Title Member			
Street Address 8 Spruce Circle		^{City} Greenville	State RI	^{Zip} 02828		
8 List ALL managers (names ar	nd addresses) of the Limited Li	ability Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
			<u> </u>	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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.						
Name of Authorized Person			 -	Date /		
William Santoro $9/20/7$					20/17.	
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

