RI SOS Filing Number: 201751352080 Date: 10/10/2017 4:00:00 PM

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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.

2. Exact name of the Limited Liability Company						
Steeple View East, Unit #5, LLC						
4. Brief description of the character of business conducted in Rhode Island Commercial Real Estate						
Principal Office Address		City	State	Zip		
6 Cedar Avenue, Unit #5		East Greenwich	RT	02818		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Title						
Kevin P. Hagerty Street Address 85 Cara Court		City North Kingstown	State RI	<b>Z</b> ip 02852		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name						
Street Address Street Address Street Address			et Address			
State R I	Zip 02852	City	State	Zip		
Manager Name Manager Name						
Street Address			Street Address			
State	Zip	City	State	Zip		
Check the box to indicate 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	Date		
Kevin P. Hagerty, DMD			1/0 /	<b>3</b> /2017		
Signature of Authorized Person SiGN DOCUMENT HERE						
The Day						
	#5 state RI State A. Brief desc Commerce #5 sbillity Compan	Steeple View East,  4. Brief description of the char Commercial Real Es  #5  ability Company and Name or Tome and addresses) of the Limited Liable R1	Steeple View East, Unit #5, LLC  4. Brief description of the character of business conducted in R Commercial Real Estate  City  East Greenwich  ability Company and Name or Title of Contact Person  Contact Title  Manager  City  North Kingstown  Ind addresses) of the Limited Liability Company, IF APPLICABLE  Manager Name  Street Address  State  Zip  City  Manager Name  Street Address  State  Zip  City  City  City  City  City  City  City  City  Manager Name  Street Address  State  Zip  City  City	Steeple View East, Unit #5, LLC  4. Brief description of the character of business conducted in Rhode Island Commercial Real Estate  City State  #5 East Greenwich RT  ability Company and Name or Title of Contact Person  Contact Title  Manager  City State  RI  Ind addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST  Manager Name  Street Address  State  R1  State  City State  City State  City State  City State  City State  City State  Check the box to cond. This information is currently of record with the Department of State. Changes require fictare and affirm that I have examined this report, including any accompanyments contained herein are true and correct.  Date  Date		

MAIL TO:

**Division of Business Services** 

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

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

