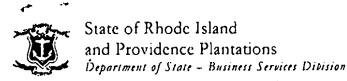
RI SOS Filing Number: 201751360490 Date: 10/10/2017 4:00:00 PM



148 W. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______2017

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a genalty fee of \$25.00.

1. ID No. 115383	2. Exact name of the limited liability company India Street Realty Associates, LLC			153	53 1190	
4. Brief description of the character of the husiness which is actually cond Dealing in real estate			cted in Rhode Island 5. State of Formation Rhode Island		•	
6. Principal office address 1 Stonegate			Gity Warren	State RI	2ip 02885	
7. MAILING AD Contact Name Timothy A. I	· · · · · · · · · · · · · · · · · · ·	BILITY COMPANY AN	D NAME OR TITLE OF CONTA	ACT PERSON:		
Street Address 1 Stonegate			City Warren	State RI	02885	
Manager Name	DDRESS OF EACH MANA FILL IN SPAC	GER OF THE LIMITE ES BEFORE USING AT	Munuger Name	PPLICABLE - <u>DO NOT</u> OR ATTACHMENT)	LIST MEMBERS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Nume		<u>J</u>	Manager Name	.,,		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	SENT IN RHODE ISLAND		State. Changes require filing of F	orm 642 – R.I.G.L. 7-16-1		
			FILED OCT 1 0 2017 6	\mathcal{V}		
	This report n	nust be executed by an	Suchariz Deron for Sugni to	R.L .G.L. 7-16-66 (b).		
			Under penalty of perjuincluding any accompa- contained herein are tru	ry. I declare and affirm that I mying schedules and statement of and correct.	I have examined this reents, and that all statem	
]			2.00	Hen	0/3/17	
Check No.			Signature of Mulhorized	i rerson l	ane •	
B _{y:}						

Print or Type Name of Authorized Person