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 **132088**	2. Exact name of the Limited Liability Company **1160 PAWTUCKET AVE LLC**			
3. NAICS Code **53 110**	4. Brief description of the character of business conducted in Rhode Island **REAL ESTATE HOLDING COMPANY**			
5. State of Formation **RI**				

6. Principal Office Address **1308 ATWOOD AVENUE**	City **JOHNSTON**	State **RI**	Zip **02919**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **DAVID J LUCIER**	Contact Title **MEMBER**		
Street Address **1308 ATWOOD AVENUE**	City **JOHNSTON**	State **RI**	Zip **02919**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **DAVID J LUCIER**			Manager Name **LEO J DELISI**		
Street Address **1308 ATWOOD AVENUE**			Street Address **1308 ATWOOD AVENUE**		
City **JOHNSTON**	State **RI**	Zip **02919**	City **JOHNSTON**	State **RI**	Zip **02919**
Manager Name **N/A**			Manager Name **N/A**		
Street Address			Street Address		
City	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 **DAVID J LUCIER**	Date 9-22-17
Signature of Authorized Person X	SIGNATURE 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 1 0 2017

BY

FORM 632 - Revised: 08/2017