



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
FILING ONLY

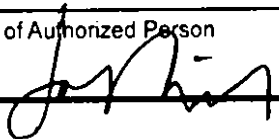
Annual Report for the year: **2017**

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 1663455 | | 2. Exact name of the Limited Liability Company PLAT 365 LOT 167/173 LLC | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island To engage in the business of managing, holding, owning, conveying and leasing real estate and otherwise dealing with real estate. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 17 Arnolds Neck Drive | | City Warwick | | State RI | Zip 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name John Dickerson, Jr. | | | Contact Title Member | | |
| Street Address c/o 17 Arnolds Neck Drive | | | City Warwick | | State RI Zip 02886 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name None | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 John Dickerson, Jr. | | | | Date 10-5-17 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT 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

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OCT 10 2017

BY

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FORM 632 Revised: 08/2017