

STAMP

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.

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1. Entity ID Number 106474	2. Exact name of the Limited Liability Company 926 Park Avenue, LLC						
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
53 1110	The ownership and leasing of real estate						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
926 Park Avenue			Cranston	RI	02910		
7. Mailing Address of Limited Li	ability Compa	ny and Name or	Title of Contact Person				
Contact Name David V. Igliozz	i, Esq.		Contact Title	Contact Title			
Street Address 926 Park Aven	ue		City Cranston	State RI	^{Zip} 02910		
8. List ALL managers (names a	and addresse:	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address	_		Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name	<u></u>		Manager Name				
Street Address		<u> </u>	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 de statements, and that all state	clare and aff ments conta	firm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	ng schedules and		
Name of Authorized Person Date					30/17		
Signature of Authorized Person David VSIGNUGOLAIRAZIARE							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 1 2017