



RI SOS Filing Number: 201751444370

Date: 10/12/2017 1:21:00 PM

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 penalty fee of \$25.00.

1 ID No 000132387		2 Exact name of the limited liability company COUTO REAL ESTATE, LLC			
3 State of Formation RI		4 Brief description of the character of the business which is actually conducted in Rhode Island Real Estate 531/20			
5 Principal office address 20 Derman Street		City Rumford	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Keith Couto			Contact Title Manager		
Street Address 20 Derman Street		City Rumford	State RI	Zip 02916	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS = FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Keith Couto			Manager Name		
Street Address 20 Derman Street			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 R.I.G.L. 7-16-11

FILED 1:21
OCT 12 2017
CU 314679

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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

Keith B Couto 10/12/17
Signature of Authorized Person Date
Keith Couto
Print or Type Name of Authorized Person

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY