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.

1. Entity ID Number <b>156229</b>	Ī	2. Exact name of the Limited Liability Company  Marshall Enterprises, LLC				
3. NAICS Code  5. State of Formation  RI	<b>i</b>	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE				
6. Principal Office Address			City	State	Zip	
700 Narragansett Park Drive			Pawtucket	RI	02861	
7. Mailing Address of Limite	ed Liability Compa	ny and Name o	r Title of Contact Person		,	
Contact Name Lianne Marshall			Contact Title Principal			
Street Address 700 Narragansett Park Drive			City Pawtucket	State RI	<sup>Zip</sup> 02861	
8. List ALL managers (nan	nes and addresse:	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			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	Zıp	
	i i		ı	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of Sta	ite. Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that-ell-s			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Perso  Signature of Authorized Perso  I ANNE W	<del>`                                    </del>			Date	7/17	
Signature of Authorized Pe	erson		A DOGO GAMANT AIMOM			
- LIANNE YY	IARShaw	l sign	N 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 OCT 1 3 2017