

Annual Report for the year: <u>2017</u> **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	2 5				
1 / 4	2. Exact name of the Limited Liability Company				
703933	Foint July Road LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	To Acquire, derlop, lease, sell or				
5. State of Formation	To Acquire, derlop, lease, sell or otherwise deal en real estate.				
6. Principal Office Address	4		City	State	Zip
218 21 Brillo Way			Halm Beach	FL	33480
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lavia McNamara			Contact Title Resident Agent		
Street Address 23 Cathin Are			City Run ford	State (Zip 2916
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name J. Terrence Murray			Manager Name		
218 El Brillo Way			Street Address		
on talm Beach	State.	3 3480	City	State	Zip
Manager Name			Manager Name		
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					
Laula Mc Wamara					0/17
Signature of Authorized Persop					
The state of the s					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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