	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615	
HOPE	~ /		
Limited Liability Cor Annual Report Filing Period: September			
	7-16-66(d), each limited liability comp nin thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
1. ID No. <u>00048638</u>	<u>33</u>		
2. Exact Name of the L	imited Liability Company <u>NORTH</u>	STAR ASSOCIATE	S, LLC
3. State of Formation			
State: <u>RI</u>			
-	ARTICLE III Code that best describes the primary re information on <u>NAICS</u> can be found		y the entity. Download
the list of codes <u>here.</u> Mo <u>531390</u>	Code that best describes the primary	online.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CAROL BAMFORD</u> <u>960 TIOGUE AVENUE</u> <u>COVENTRY</u>, <u>RI</u> <u>02816</u>

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

Signed this 16 Day of October, 2017 at 3:02:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CAROL BAMFORD

Signature of Authorized Person

Form No. 632 Revised 09/07

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