

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual 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<br><b>000163488</b>   |       | 2. Exact name of the Limited Liability Company<br><b>FOCUS PROPERTY MANAGEMENT LLC</b>                                    |                     |
| 3. NAICS Code<br><b>531311</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>PROPERTY MANAGMENT AND CONSTRUCTION</b> |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |                     |
| 6. Principal Office Address<br><b>7 MARCHANT STREET</b>   |       | City<br><b>NEWPORT</b>  | State<br><b>RI</b>  |
|   |       |   | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                     |
| Contact Name<br><b>VINCENT J. O'DWYER</b>   |       | Contact Title<br><b>MANAGER</b>   |                     |
| Street Address<br><b>7 MARCHANT STREET</b>  |       | City<br><b>NEWPORT</b>  | State<br><b>RI</b>  |
|   |       |   | Zip<br><b>02840</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                     |
| Manager Name  |       | Manager Name  |                     |
| Street Address  |       | Street Address  |                     |
| City  | State | City  | State               |
| Zip   |       | Zip   |                     |
| Manager Name  |       | Manager Name  |                     |
| Street Address  |       | Street Address  |                     |
| City  | State | City  | State               |
| Zip   |       | Zip   |                     |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                     |
| <i>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.</i> |       |   |                     |
| Name of Authorized Person<br><b>VINCENT J. O'DWYER</b>  |       | Date<br><b>10.12.17</b>   |                     |
| Signature of Authorized Person<br>  |       | SIGN DOCUMENT HERE  |                     |

## MAIL TO:

Division of Business Services

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