RI SOS Filing Number: 201751692690 Date: 10/16/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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.

r y#					
SECRETARY OF STATE					
USC ON⊾*					

1. Entity ID Number			d Liability Company			
809283	54 Mo	54 Morton Avenue, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
53     O	to own as	to own and lease real property				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
339 Ocean Ave.			Newport	RI	02840	
7. Mailing Address of Limite	ed Liability Compa	iny and Name o	r Title of Contact Person			
Contact Name Bonnie Livinstone-Davis			Contact Title Member			
Street Address 339 Ocean Ave.			City Newport	State RI	<sup>Zip</sup> 02840	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	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	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhod	le Island. This infor	mation is currently	of record with the Department of S	tate. Changes require fi	ling Form 642.	
Under penalty of perjury statements, and that all t	, I declare and af	firm that i have	examined this report, includi	ng any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Bonnie Livingstone-D	avis			10/10/2017		
Signature of Authorized P	ersøn					
Benne -	Kurra	stre	M-BOSHMANN HERE			
	(	<del>()                                    </del>				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 1 6 2017 6

FORM 632 - Revised: 08/2017