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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 128091		ne of the limited liability VESTMENTS LLC				
3. State of Formation RHODE ISLAND	E .	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE OWNERSHIP NAICS CODE 531390				
5. Principal office address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	Zip 02865	
. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PER	ISON:		
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY			
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	Zip 02865	
'. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH		RESSES) OF THE LIF	MITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS	
Manager Name STANLEY J. STOWIK, JR.			Manager Name DEBRA A. STOWIK			
Street Address P.O. BOX 7606			Street Address P.O. BOX 7606			
CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864	
fanager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN R	HODE ISLAND			l.	~	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					2017 R	
		1	FILED OCT 13 2017 2 315086		RECEIVED 1. DEPT. OF STATE BUS SVCS DIV OCT 13 PM 1:33	

	Under penalty of perjury, I declare and affirm that I have exam			
File Date	this report, including any accompanying schedules and state			
1/ / 0	and they all statements contained herein are true and correct.			
Check No <u>LUU 8</u>	X thouse of the R 9211			
Ву:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	STANLEY J. STOWIK, JR.			
TON SECRETARY OF STATE USE ORLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012