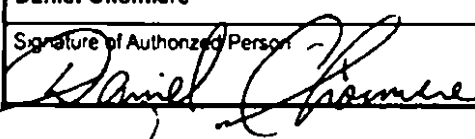




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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

1 Entity ID Number <b>160663</b>		2 Exact name of the Limited Liability Company <b>Montgomery and Dunham Streets LLC</b>			
3 NAICS Code <b>531110</b>		4 Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5 State of Formation <b>RI</b>					
6 Principal Office Address <b>747 Globe Street</b>		City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Daniel Choiniere</b>		Contact Title <b>Manager</b>			
Street Address <b>747 Globe Street</b>		City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	
8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Daniel Choiniere</b>		Manager Name			
Street Address <b>747 Globe Street</b>		Street Address			
City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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 842.					
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 <b>Daniel Choiniere</b>				Date <b>10/13/17</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

**FILED**  
 OCT 16 2017  
 BY **2199**  
 FORM 632 - Revised: 08/2017