- → 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	2. Exact na	2. Exact name of the Limited Liability Company					
139647	1	Palm	Coast	In	1881me	ruto LCC	
3. NAICS Code	4. Brief des	cription of the chara	acter of business condu	cted in Rhode	e Island		
531110 Real Estate Investments							
5. State of Formation							
RI							
6. Principal Office Address	_		City	/	State	Zip	
216 Guay	Crai.	g Road	Middle	etous	KI	02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Hodnew F. Nicoletta			Contact Title				
Street Address			Middle	town	State KI	21002842	
8. List ALL managers (barnes	and addresses	s) of the Limited Lial	bility Company, IF APPL	ICABLE - DO	NOT LIST M	EMBERS	
Manager Name NONE			Manager Name MOLIC				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
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 Rhode Is	land. This inform	nation is currently of re	cord with the Department	of State. Chan	ges require filing	Form 642.	
Under penalty of perjury, I o statements, and that all sta				luding any a	ccompanying	schedules and	
Name of Authorized Person Andhew F. Nicolata 10/13/17							
Signature of Authorized Person Sign Dio Dun And Dun An							
			XIV				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILE

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