



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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
131093	Sprague Village, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53-Real estate and rental	Real estate.				
5. State of Formation	Court				
Rhode Island	72111				
6. Principal Office Address			City	State	Zıp
10B Appian Way			Smithfield	RI	02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Frank Simonelli			Contact Title Manager		
Street Address 10B Appian Way			City Smithfield	State RI	^{Zip} 02917
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Frank Simonelli			Manager Name		
Street Address 10B Appian Way			Street Address		
^{City} Smithfield	State RI	^{Zip} 02917	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	Slate	Zıp	City	State	Zip
		ı	1	Check the box to it	ndicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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				Date	, (
Frank Simonelli, Manager				10	-10-17
Signature of Authorized Person Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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FORM 632 - Revised: 08/2017