RI SOS Filing Number: 201751836210 Date: 10/18/2017 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.

1. Entity ID Number 438109	<b>I</b>	2. Exact name of the Limited Liability Company 1106 Pontiac, LLC				
3. NAICS Code	To acquire	4. Brief description of the character of business conducted in Rhode Island To acquire by purchase, exchange, lease, hire or otherwise Real Estate Property of				
5. State of Formation	every kind					
6. Principal Office Address			City	State	Zip	
95 Sockanosset Cross Road, Suite 203			Cranston	RI	02920	
7. Mailing Address of Limite		and Name or Tit			<u> </u>	
Contact Name Jeffrey Saletin			Contact Title Member			
Street Address 95 Sockanosset Cross Road, Suite 203			City Cransotn	State RI	<sup>Zip</sup> 02920	
3. List ALL managers (nam	es and addresses)	of the Limited Lia	bility 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	
	ı			Check the box to	indicate an attachment [	
). Resident Agent in Rhode	Island. This informa	tion is currently of ri	ecord with the Department of St	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			emined this report, includir le and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person	JAI	et, )		Date /	0/16/201	
Signature of Authorized Per	rønV	SIGNID	OCUMENT HERE		7 / ,	

MAIL TO:

**Division of Business Services** 

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

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

FORM 632 - Revised: 08/2017