



**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**

Filing 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. <b>502756</b>		2. Exact name of the limited liability company <b>Governor Residential Properties, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To acquire, own, improve, operate, manage, lease, mortgage, refinance, sell and exchange real property. 53311</b>			
5. Principal office address <b>119 Brook Rd.</b>		City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Michael Raynus</b>		Contact Title <b>Partner</b>			
Street Address <b>119 Brook Rd.</b>		City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Michael Raynus</b>		Manager Name <b>Felix Shlosman</b>			
Street Address <b>119 Brook Rd.</b>		Street Address <b>32 Steadman St.</b>			
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	City <b>Brookline</b>	State <b>MA</b>	Zip <b>02446</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

OCT 19 2017

BY: 1206 DS

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Michael Raynus 10/19/17  
 Signature of Authorized Person Date

**Michael Raynus**

Print or Type Name of Authorized Person