S S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000157334</u>			
2. Exact Name of the Limited Liability Company <u>1559 ASSOCIATES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. <u>531120</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ANY LEGAL PURPOSE-NOT YET DETERMINED			
5. Principal Office Addres	SS		
	KILLIAN ROAD HNSTON State: R	<u>I</u> Zip: <u>02919</u> Countr	y: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	^{Title:} <u>(ILLIAN ROAD</u> <u>INSTON</u> State: <u>RI</u>	Zip: <u>02919</u> Countr	y: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip (Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT A. PERETTI, ESQ. 1536 WESTMINSTER STREET PROVIDENCE, RI 02909

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of October, 2017 at 3:30:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CHRISTINA DICOMES

Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved