RI SOS Filing Number: 201752091500 Date: 10/23/2017 4:00:00 PM

·State of Rhode Island and Providence Plantations

Division of Business Services

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

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

Department of State - Business Services Division

Annual Report for the y Limited Liability Compa	iny				
→ Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00			ecember 1.	_	
1. Entity ID Number 797731	2. Exact nar		d Liability Company		
3. NAICS Code 53131 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real Estate				
6. Principal Office Address	<u> </u>	· · ·	City	State	Zip
400 Reservoir Avenue, Suite 2H			Providence	RI	02907
7. Mailing Address of Limited Lia	ability Compa	ny and Name or	Title of Contact Person		
Contact Name Melissa J. Baker			Contact Title Member		
Street Address 400 Reservoir Avenue, Suite 2H			City Providence	State RI	Zip 02907
3. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICAE	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
	<u> </u>			Check the box to	indicate an attachment
			of record with the Department of Sta		
Under penalty of perjury, I de statements, and that all state	clare and aff ments conta	irm that I have ined herein are	examined this report, including true and correct.	ng any accompanyii	ng schedules and
Name of Authorized Person				Date	·
Melissa J. Baker		1			
Signature of Authorized Person	M	SIGN	DOCUMENT HERE		
	D				
MAIL TO:			≡ ne.	l FD	

BY

FORM 632 - Revised: 08/2016