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## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filling 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 PENALT FEE 1. Entity ID No. 2. Exact name of the limited liability company **HEADWAY VENTURES LLC** 2 151813 4. Brief description of the character of business conducted in Rhode Island 3. State of Formation 84 **OWNERSHIP OF REAL ESTATE** NAICS CODE 531390 **RHODE ISLAND** Zip 02895 5. Principal office address City State RI P. O. Box 2331 WOONSOCKET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title **JOSEPH RAHEB ATTORNEY** City Street Address State Zip 650 WASHINGTON HWY., SUITE 200 LÍNCOLN 02865 RI 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name NOŇE Street Address Street Address Zip City State City State Zip Manager Name Manager Name Street Address Street Address Zip City City State 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.

**DCT 2 3 2017** 

BY\_ 1074 Y/M

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement
File Date	and that all statements contained herein are true and correct/
Check No	X/100
i Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	MICHAEL MOREIRA
	Print or Type Name of Authorized Person

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012