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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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

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 PENALTY FEE,

					- 23 - 2		
1. Entity ID No.	2. Exact name of the limited liability company						
1663933	PAHA Properties LLC				REE BUS:		
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	REAL ESTATE INVESTMENTS NAICS CODE 531390				PM OF S OF S PM		
5. Principal office address 650 WASHINGTON F	IWY., SUITE 2	00	City LINCOLN	State Ri	22865 A		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	<u></u>		
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY				
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	Zip 02865		
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN		PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name NONE			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RI	HODE ISLAND				<u> </u>		
This information is current	lly of record in th	e Office of the Secr	etary of State. Changes require	flling Form 642.			

FILED

OCT 2 3 2017

BY 0998 KW

File Date	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.		
Check No	X Falls	10-14-17	
Ву:	Signature of Abthorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012