



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 PER DAY

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 BUS SVCS DIV.
 2017 OCT 23 PM 2:48

1. Entity ID No. 795912		2. Exact name of the limited liability company RESILEVEN PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS NAICS CODE 531390			
5. Principal office address 15 THERESA ROAD		City BROCKTON	State MA	Zip 02302	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY		
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	Zip 02865
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE			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
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 23 2017

BY 1039 KM

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.

Steven Haley
 Signature of Authorized Person

10/11/17
 Date

STEVEN HALEY
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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