S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River St Providence RI 0290		
HORE	(401) 222-304		
HOPE			
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000097213</u>	3		
2. Exact Name of the Line ASSOCIATES, LLC	mited Liability Company <u>M & S P</u>	ROPERTY MANAGEMEN	<u>T</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		ty. Download
<u>531390</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: 491	MAIN STREET		
	AKEFIELD State: <u>R</u>	<u>I</u> Zip: <u>02879</u> Countr	y: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title:		
No. and Street: 491	MAIN STREET		
City or Town: WA	KEFIELD State: R	Zip: <u>02879</u> Count	ry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab	ility Company, if Applicable.	
Title	Individual Name	Address	
TILE	First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country
MANAGER	MELISSA SMITH	115 GREEN HILL BEACH ROAD WAKEFIELD, RI 02879 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARTHA DAY 71 MAIN STREET WAKEFIELD, RI 02879

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

Signed this 24 Day of October, 2017 at 4:11:16 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 MARTHA DAY

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved