State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Annual Report File Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Annual Report Interview of the CL 7-16-66(d), each limited liability company failing or refusing to file its annual report with interview (20) days after the time presented by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001658817 2. Exact Name of the Limited Liability Company PL2, LLC State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: EMMANUEL CHRISTODULOU Contact Title: MEMBER No, and Street: 650 DEXTER STREET Citly or Town: CENTRAL FAILS <td address="" af="" colstact="" each="" manager="" name="" of="" th="" the<=""><th></th><th></th><th></th><th></th></td>	<th></th> <th></th> <th></th> <th></th>				
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(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001658817 2. Exact Name of the Limited Liability Company PL2, LLC 3. State of Formation State: R! ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes there. More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 650 DEXTER ST City or Town: CENTRAL FALLS State: RI Zip: 02863 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: EMMANUEL CHRISTODULOU Contact Title: MEMBER No. and Street: 650 DEXTER ST EET CENTRAL FALLS State: RI Zip: 02863 Country: USA 7. Name and Address of					
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Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	No. and Street: 650	DEXTER STREET		tn // 110 A	
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	Title			Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK A. FAY 127 DORRANCE STREET, 2ND FLOOR PROVIDENCE , RI 02903

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

Signed this 25 Day of October, 2017 at 2:33:35 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 EMMANUEL CHRISTODULOU

Signature of Authorized Person

Form No. 632 Revised 09/07

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