RI SOS Filing Number: 201752596780 Date: 10/30/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	iny 1 - November 1		iber 1.			S;	
1. Entity ID Number 2. Exact name of the Limited Liability Company CONDOMINIUM, LLC							
3. NAICS Code 311	531311						
5. State of Formation PROPERTY WANAGENERY							
6. Principal Office Address A 25 MAIN 50 #3			City EAST AREE	HILLING	State	2ip 8518	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name PELER E. JONES Contact Title DENSCHART TREPROPER LIC							
Street Address MAIN SV. #3			EASTREEN	Met	State	Zip DESIS	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City		State	Zιρ	
				Chec	ck the box to indi	cate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642,							
Under penalty of perjury, I dec statements, and that all staten	lare and affirm t nents contained	that I have exam herein are true	ined this report, inclu and correct.	ding any a	ccompanying s	chedules and	
Name of Authorized Person Date 21.000.						6.2017	
Signature of Althorized Porcon							

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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