RI SOS Filing Number: 201752599240 Date: 10/30/2017 4:00:00 PM

(FIR	State of Rhode Island and P  Department of State
	Department of State

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000793917	2. Exact name of the Limited Liability Company  Back Road Holdings, LLC						
3 NAICS Code 53 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4. Brief description of the character of business conducted in Rhode Island to hold, own, buy, sell or otherwise deal with real estate						
6. Principal Office Address P.O. Box 99			City Carolina	State	Ζιρ <b>02812</b>		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Mark Sprague			Contact Title Authorized Member				
Street Address P.O. Box 99			City Carolina	State RI	<sup>Zip</sup> 02812		
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	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate 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 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.							
Name of Authorized Person							
Mark Sprague							
Signature of Authorized Person  SIGN DOCUTENT HERE.  10/21/2017							

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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BY \_\_\_\_\_\_\_FORM\_632 - Revised: 08/2017