

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 OCT 31 AM 10: 23

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

				<u> </u>	
1. Entity ID Number 2. Exact name of the Limited Liability Company					
M94793	PPIII	LL	C		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531117)					
5)1110					
5. State of Formation	Real estate Holding Comp,				
KL	John Comple				
6. Principal Office Address City State Zip					
480 Donglas AVe			Prov.	MI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name William OBrien			Contact Title President		
Street Address 25 OAK Grave Blvd			City No. Prov.	State 7	Zip (129(18
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ,			Manager Name		
Street Addres			Street Address		
City	Stat Z		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 William O Brien Date Date					
Signature of Authorized Person					
William OBrien					

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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A.A.