State of Rhode Island and Providence Plantations Department of State - Business Services Division	
4045	المراب المراب
Annual Report for the year: 2017	€a i.
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 1667943	I	2 Exact name of the Limited Liability Company SVD Properties, LLC				
3 NAICS Code 531390 5. State of Formation RI	1	4 Brief description of the character of business conducted in Rhode Island Real estate holding				
6 Principal Office Address 25 Asylum Road	t		City Warren	State RI	Z _{IP} 02885	
7 Mailing Address of Limite		iny and Name or Tit				
Contact Name Victor DeCastro			Contact Title Member			
Street Address 25 1/2 Asylum Road		City Warren	State RI	^{Z_Ip} 02885		
8 List ALL managers (nam	es and addresse	s) of the Limited Lia		ABLE - DO NOT LIST A	MEMBERS	
Manager Name	<u> </u>	e castr	Manager Name None			
Street Attress-		Street Address	Street Address			
city) O CCC O	State	Z ^{ip}	City	State	Zıp	
Manager Na:			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
-	<u>l</u>	<u> </u>		Check the box to	ndicate an attachment	
9. Resident Agent in Rhode	Island This infor	nation is currently of re	ecord with the Department of S	state. Changes require filin	ig Form 642	
Under penalty of perjury, statements, and that all s	i declare and afi tatements conta	firm that I have exa ined herein are tru	mined this report, includes and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person Victor DeCastro, MEMBER			Date /6	/0-21-17		
Signature of Authonized Per	rson Castro	SIGN D	OCUMENT 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**

OCT 3 0 2017

FORM 632 - Revised: 08/2017