

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1007680		ne of the limited liabilit LTY LLC	y company 53110)		
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real Estate				
5. Principal office address 807 Scituate Avenue			City Cranston	State R.I.	Zip 0292/
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Debra Viticonte			AME OR TITLE OF CONTACT PERSON: Contact Title Manager		
Street Address 807 Scituate Avenue			City Cranston	State R.I.	Zip 0292 1
7. LIST <u>ALL</u> MANAGERS (I		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Debra Viticonte			Manager Name		
Street Address 801 Scituate Avenue			Street Address		
City Cranston	State R.I.	Zip 02921·	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RE	HODE ISLAND				
This information is current	lly of record in the	Office of the Secret	ary of State. Changes require	fillng Form 642.	

FILED ov NOV 0 1 2017

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
rile Date	and that all statements contained herein are true and correct.		
Check No	Clepen L Vinerie 11011		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Debra Viticonte		
FOR SECHETARY OF STATE USE ORLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012