RI SOS Filing Number: 201752906480 Date: 11/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

nnual Report for t imited Liability Co → Filing period: Septe	mpany				R.1. DEPT 0 BUS SVC	
→ Filing Fee: \$50.00 → Penalty: Additional \$			ecember 1.	_	2 VGS D	
i. Entity ID Number 568492		ame of the Limite		0: 03		
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
531110	REAL ES	REAL ESTATE RENTAL				
5. State of Formation RHODE ISLAND						
6. Principal Office Address	3		City	State	Zip	
48 HARRIS AVENUE			LINCOLN	RI	02865	
7. Mailing Address of Limi		any and Name o				
Contact Name MARIO J. FARIA			Contact Title MEMBER			
Street Address 48 HARRIS AVENUE			City LINCOLN	State RI	^{Zip} 02865	
3. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - 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	ndicate an attachment	
Resident Agent in Rhoo	le Island. This info <u>r</u> r	nation is currently	of record with the Department of Sta	ate. Changes require filir	ng Form 642.	
Under penalty of perjury statements, and that all			examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
MARIO J. FARIA				09/28/2017		
Signature of Authorized Po	erson? Zaw	• >		<u></u>		

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

rty 3100 10:03

FORM 632 - Revised: 08/2017