RI SOS Filing Number: 201752952360 Date: 11/3/2017 4:00:00 PM

Department o  Annual Report for th  Limited Liability Con  → Filing period: Septem  → Filing Fee: \$50.00  → Penalty: Additional \$2:	e year: <u>20'</u> npany ber 1 - Novemb	<b>17</b> er 1				
1. Entity ID Number 781913		2. Exact name of the Limited Liability Company 2525 West Shore Road, LLC				
3. NAICS Code 531110 5. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island  Real Estate and Rental and Leasing.				
C Drivated Office Address			City	State	Zip	
6. Principal Office Address 48 Schooner Cove Lane			Narragansett	RI	02882	
7. Mailing Address of Limite		ny and Name or Ti	lle of Contact Person			
Contact Name Christine M.			Contact Title Member			
Street Address 48 Schooner Cove Lane			City Narragansett	State RI	<sup>Zip</sup> 02882	
8. List ALL managers (nam	es and addresses	) of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST I	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 inform	nation is currently of r	ecord with the Department of State	. Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that all s	I declare and affi	irm that I have ex	amined this report, including	any accompanyin	g schedules and	
Name of Authorized Person Christine M. Guzeika			Date 10 - 27 - 17			
Signature of Authorized Pe	rson M. Lusk	ika				
MAIL TO: Division of Business Serv 148 W. River Street, Provide Phone: (401) 222-3040 Website: www.sos.ri.gov		d 02904-2615	FIL NOV 0:	ED 3 2017	·	