



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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.

STAMP

FOR INFORMATION ONLY

1. Entity ID Number 119512		2. Exact name of the Limited Liability Company 52 Division, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Acquiring, developing, leasing, dealing in and holding property for investment			
5. State of Formation Rhode Island					
6. Principal Office Address 142 Mill Street		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jan D. C. Slee			Contact Title		
Street Address 142 Mill Street			City Newport	State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jan D. C. Slee			Manager Name Caroline N. F. Slee		
Street Address 142 Mill Street			Street Address 142 Mill Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Caroline N. F. Slee				Date October 31 2017	
Signature of Authorized Person <i>Caroline N. F. Slee</i>				SIGN DOCUMENT 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

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