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

2017

Annual Report for th		<u> </u>						
Limited Liability Con → Filing period: Septem → Filing Fee: \$50.00 → Penalty: Additional \$2	ber 1 - Novemb		cember 1.					
1. Entity ID Number	ntity ID Number 2. Exact name of the Limited Liability Company							
136570	CLO	CLOVER REALTY, LLC						
3. NAICS Code 53 110 4. Brief description of the character of business conducted in Rhode Island to own and otherwise deal in real estate								
5. State of Formation								
RI								
6. Principal Office Address			City	State RI	Zip 02915			
3340 Pawtucket A			East Providence					
7. Mailing Address of Limite	d Liability Compa	ny and Name or	Title of Contact Person					
Contact Name David B. Murphy, J	r.		Contact Title	Contact Title				
Street Address 3340 Pawtucket Av	venue		City East Providence	State RI	Zip 02915			
8. List ALL managers (nam	nes and addresses) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST I	WEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name		I	Manager Name					
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
				heck the box to	indicate an attachment			
9 Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of State. C	hanges require fili	ng Form 642.			
Under penalty of perjury, statements, and that all s	I declare and aff	irm that I have	examined this report, including an	y accompanyir	g schedules and			
Name of Authorized Perso				Date				
David B. Murphy,				<u> </u>	19117			
Signature of Authorized Pe	erson	O ON ON	DOUNDANT 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 NOV 0 9 2017