State of Rhode Island and Providence Plantations Office of the Secretary of State Free: \$5 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Free: \$5 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 2 1. ID No. 000891171 2. Exact Name of the Limited Liability Company Agarwal Associates, LLC 3. State of Formation State: <u>RI</u> ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Downloa the list of codes here, More information on <u>NAICS</u> can be found online.
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000891171 2. Exact Name of the Limited Liability Company Agarwal Associates, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Downloa
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531110
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
RENTAL PROPERTY
5. Principal Office Address
No. and Street:7 DEERHILL DRIVECity or Town:HO HO KUSState: NJZip: 07423Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title: No. and Street: <u>7 DEERHILL DRIVE</u>
City or Town: <u>HO HO KUS</u> State: <u>NJ</u> Zip: <u>07423</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS
Title Individual Name Address
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KARA J. SCOTT 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of November, 2017 at 2:02:17 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KARA J SCOTT</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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