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

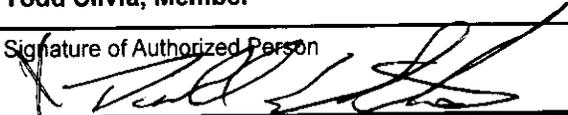**Annual Report for the year:** _2017_

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.

FILED

NOV 1 4 2017

BY

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1661727	**T S DEVELOPMENT, LLC**			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53110	**Real estate holding**			
5. State of Formation				
RI				

6. Principal Office Address		City	State	Zip
196 Hilton Street		**Tiverton**	**RI**	**02878**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Todd Silvia**		Contact Title **MEMBER**		
Street Address **196 Hilton Street**		City **Tiverton**	State **RI**	Zip **02878**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **NONE**			Manager Name **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name **NONE**			Manager Name **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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	Date
Todd Silvia, Member	
Signature of Authorized Person	