

Annual Report for the year: **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.

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1. Entity ID Number 0016592165	2. Exact name of the Limited Liability Company Seaflower Property Group, LC						
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Property management						
6. Principal Office Address 111 Med way St.			City Providence	State R	Zip 02906		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Amy Pavia-Zauacki		Contact Title Member					
Street Address Same		City	State	Zip			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Z ip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		<u></u>	Che	ck the box to indi	cate 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			Amy Pavia-Zawacki	Date 11/	(1)7		
Signature of Authorized Person							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov