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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.

	•	acter of business conduct	ed in Rhode Island		
		Brief description of the character of business conducted in Rhode Island     Manage real estate.			
i					
6. Principal Office Address  245 Pioneer Road			State NH	Zip 03870	
bility Company	and Name or Title				
Contact Name Alex Zadeh		Contact Title Member			
Street Address 245 Pioneer Road			State NH	<sup>Zip</sup> 03870	
nd addresses)	of the Limited Liab	oility Company, IF APPLIC	CABLE - <b>DO NOT LIST M</b>	EMBERS	
Manager Name		Manager Name			
Street Address		Street Address			
State	Zip	City	State	Zip	
Manager Name			Manager Name		
Street Address			Street Address		
State	Zip	City	State	Zip	
<u>I</u>			Check the box to in	dicate an attachment	
nd. This informat	ion is currently of rec	cord with the Department of	State. Changes require filing	Form 642.	
			ding any accompanying	schedules and	
Name of Authorized Person					
ALEX ZADEH					
San	A CO . DO	<b>医现象性的</b> 工作的是			
	State State  State  Od. This informations and affirmments contained	State Zip  State Zip  Od. This information is currently of reclare and affirm that I have examents contained herein are true	Addresses) of the Limited Liability Company, IF APPLIC Manager Name  Street Address  State Zip City  Manager Name  Street Address  State Zip City  d. This information is currently of record with the Department of	Rye  NH  bility Company and Name or Title of Contact Person  Contact Title Member  Ad  City Rye  State NH  Ind addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST M  Manager Name  Street Address  State  Zip  City  Manager Name  Street Address  State  Zip  City  State  Check the box to in ad. This information is currently of record with the Department of State. Changes require filing lare and affirm that I have examined this report, including any accompanying tents contained herein are true and correct.	

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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BY 038580565 KM

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