



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. <u>91628</u>		2. Exact name of the limited liability company <u>Slater Properties LLC (531110)</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Ownership & operation of real estate</u>	
5. Principal office address <u>125 Amaraal Street</u>		City <u>East Prov.</u>	State <u>RI</u>
		Zip <u>02915</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Kirk Dexter</u>		Contact Title <u>Manager</u>	
Street Address <u>125 Amaraal Street</u>		City <u>East Providence</u>	State <u>RI</u>
		Zip <u>02915</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name <u>Kirk Dexter</u>		Manager Name	
Street Address <u>125 Amaraal Street</u>		Street Address	
City <u>East Providence</u>	State <u>RI</u>	City	State
Zip <u>02915</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

FILED OK

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

NOV 22 2017

BY 1025

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

Print or Type Name of Authorized Person