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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_ 2017

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of	the limited liability cor	mpany			
307587		_	Associates, UC	(22	(6181	
3. State of Formation	L		ousiness conducted in Rhode Island			
MA	Water					
5. Principal office address  L Downord (	inde		City Holden	State	Zip U/SH	
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Contact Name Robert Villent	vie	_	Contact Title			
Street Address  H Dogwood Co	rde		City Holden	State WA	Zip Ol SFO	
				1 10 to	<u>"Ligit inempers</u>	
Manager Name	m/ Abramana agusad (1 1995 19 1 pm (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE PARTY OF THE P	Manager Name		21.11	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>	I	Manager Name	<u> </u>		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
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		FILED	5/		RESECRETO CORPO	
			()//		C SAE	

Form No. 632 Revised: 01/2012

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

Date

Print or Type Name of Authorized Person