

RECEIVED SECRETARY OF STATE CORPORATIONS BIVER

2018 FEB -8 PM 12: 38

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.

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Entity ID Number	2. Exact name of the Limited Liability Company				
000116444	COWON REALTY WE				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Manage, OWN, OPELATE & DEVELOP Reul ESTATE				
5. State of Formation	Paris				
RT REAL ESTATE					
6. Principal Office Address			City	State	Zıp
909 NORTH MHIN ST			Providence	Rt	02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TACK CUTLIP			Contact Title Reul Estate MANNACE City Providence State Zip 02904		
Street Address 919 Nonth main ST			City Providence	State $\mathcal{N}\mathcal{Z}$	Zip @ 29.4
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name David Malkin			Manager Name OAVY It AR Ly M Street Address		
Street Address 919 Nonth MANSI City Providence State Zip 02914			Street Address 919 Non 74 Main ST City Particleuse State Zipo 2904		
City Parridence	State	Zip 02914	City Partideule	State	Zip 0 790 %
Manager Name			Manager Name		
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 Stale. 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 JACK Curlip. Date 2-6-18					
Signature of Authorized Parson					
) 2:39 FILED					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 632 - Revised: 08/2016