

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015
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.

1. Entity ID Number	2 Evactor	ame of the Limite	ad Liability Company	 5		
000133222	2. Exact name of the Limited Liability Company 22 Spring Street, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Property Management					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zıp	
182 Diamond Hill Road			Ashaway	RI	02804	
7. Mailing Address of Limited	Liability Compa	any and Name o				
Contact Name Linda Saint			Contact Title Member	Contact Title Member		
Street Address 182 Diamond Hill Road			City Ashaway	State RI	^{Zip} 02804	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachmen						
9. Resident Agent in Rhode Is	land. This infor	maxion is currently	of record with the Department of S	tate. Changes require filir	ng Form 642	
Under penalty of perjury, I o statements, and that all stat	leciare and afte	fikm that I have lined herein are	examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person)		Date		
Linda Saint	1.			1/31/2018		
Signature of Authorized Perso	on O	916	IN DOCUMENT HERE	•		
		340	HE DOODHETT HUNG			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov P'S FILED

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FORM 632 - Revised: 10/2017