	S	itate of Rhode Island and Office of the Se			IS Fee: \$50.00	
		Division Of Bu	siness Service	S		
		148 W. Ri				
		Providence RI (401) 22				
HOPE		(401) 22	2-3040			
Limited Liabilit Annual Report	<u> </u>	ipany				
Filing Period: Septe		- November 1				
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.						
ANNUAL REPORT YEAR: 2017						
1. ID No. <u>000556982</u>						
2. Exact Name of the Limited Liability Company ONE CAMPBELL, LLC						
3. State of Form	ation					
State: <u>RI</u>						
		ARTICLE	E 111			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.						
<u>531120</u>						
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island						
REAL ESTATE HOLDING COMPANY						
5. Principal Offic	e Addre	SS				
No. and Street:		CAMPBELL STREET				
City or Town:		<u>BOX 2383</u> /TUCKET	State: RI	Zip: 02861	Country: USA	
-				<u> </u>	·	
6. Mailing Addres	ss of Li	mited Liability Company and	Name or Title	e of Contact Pe	rson:	
		<u>FELICI</u> Contact Title: <u>PRESI</u>	DENT			
No. and Street:		<u>CAMPBELL STREET</u> OX 2383				
City or Town:		TUCKET	State: <u>RI</u>	Zip: <u>02861</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title		Individual Name		Addre	ess	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN M. FELICI	59 BRIDGET WAY

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT W. GILMORE 26 SHEFFIELD AVENUE PAWTUCKET, RI 02860

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

Signed this 1 Day of March, 2018 at 4:55:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RFELICI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved