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SECRETARY OF STATE
CORPORATIONS DIV

2018 APR 27 PM 36 1 MMP

Annual Report for the year: **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.

	2. Exact name of the Limited Liability Company			
FOCUSED INVEST MENTS, LLC				
4. Brief description of the character of business conducted in Rhode Island				
KEAL ESTATE				
STIRET		<u></u>	State	12908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name JOHN SHOKANCH		Contact Title ATTONN 01		
Street Address 132 OLD RIVER Rd		city/Incoun.	, -	Zip U281,5
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name		Manager Name		
Street Address		Street Address		
State	Zip	City	State	Zip
Manager Name		Manager Name		
Street Address		Street Address		
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 State, 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 /				
TOSEPH Santurd				1//8
Signature of Authorized Person				
MICHO				
	4. Brief descript  REA  STIPE  STIPE  Sility Company a  LIVEN R  d addresses) of  State  State  State  On TOYC  NOTOYC	4. Brief description of the characteristic forms of the ch	4. Brief description of the character of business conducted in Rhood  REAL ESTATE  City Droudence  STRECT City Droudence  Contact Person  Contact Title ATTONN of City LINCOUN  d addresses) of the Limited Liability Company, IF APPLICABLE - D  Manager Name  Street Address  State Zip City  Che  d. This Information is currently of record with the Department of State. Challare and affirm that I have examined this report, including any ments contained herein are true and correct.	4. Brief description of the character of business conducted in Rhode Island  REAL ESTATE  City Providence RI  Dility Company and Name or Title of Contact Person  Contact Title ATTORN of City AINCOUN. State RI  d addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST ME  Manager Name  Street Address  State Zip City State  Check the box to ind  d. This Information is currently of record with the Department of State. Changes require filing Islane and affirm that I have examined this report, including any accompanying stents contained herein are true and correct.  Date  MTONO  City State  Check the box to ind  d. This Information is currently of record with the Department of State. Changes require filing Islane and affirm that I have examined this report, including any accompanying stents contained herein are true and correct.

Division of Business Services

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

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