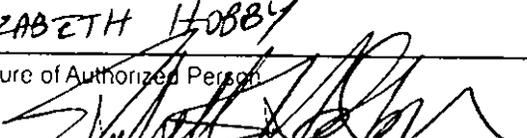


State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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.

1. Entity ID <u>103034</u>		- Exact name of the Limited Liability Company <u>RBIZ LLC</u>	
2. SIC Code <u>53390</u>		4. Brief description of the character of business conducted in Rhode Island <u>Mixed use property/owner occupied.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>2144 BROAD STREET</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02905</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ELIZABETH HOBBY</u>		Contact Title	
Street Address <u>2144 BROAD STREET</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02905</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Sandra Malone</u>		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Check the box to indicate an attachment <input type="checkbox"/>			
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 <u>ELIZABETH HOBBY</u>			Date <u>5/18/18</u>
Signature of Authorized Person 			

MAIL TO:
 Division of Business Services
 148 W River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAY 21 2018

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