s s	itate of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River St	
HOPE	Providence RI 0290 (401) 222-304	
Limited Liability Com Annual Report	pany	
Filing Period: September 1	- November 1	
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc	
16-66(b&c)) is subject to a	penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	2017	
1. ID No. <u>000861094</u>	<u>1</u>	
2. Exact Name of the Limited Liability Company <u>RUA NOVA PROPERTIES LLC</u>		
3. State of Formation		
State: <u>RI</u>		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>531110</u>		
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
RENTAL PROPERTY	OWNERSHIP/MANAGEMENT.	
5. Principal Office Addre	SS	
No. and Street: 44 SI	LVIA FARM DRIVE	
		: <u>MA</u> Zip: <u>02718</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
Contact Name: JONATH	IAN JACOBS Contact Title:	
No. and Street: 44 SI	LVIA FARM DRIVE	
City or Town: EAST	TAUNTON State:	<u>MA</u> Zip: <u>02718</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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	LISA M. JACOBS	44 SILVIA FARM DRIVE EAST TAUNTON, MA 02718 USA
MANAGER	ALYSSA ANN MCGRATH-BENTO	67 ALPINE WAY

67 ALPINE WAY

MANAGER

JONATHAN JACOBS

STOUGHTON, MA 02072 USA

44 SILVIA FARM DRIVE EAST TAUNTON, MA 02718 USA

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 30 Day of May, 2018 at 3:20:59 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 JONATHAN JACOBS

Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved