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

STAMP

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
796074	515 OCEAN ROAD LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	OWNERSHIP + MANAGEMENT OF FAMILY PROPERTY						
5. State of Formation	AT 515 OCEAN ROAD, NARRAGANSETT, RI						
RI RI							
6. Principal Office Address		City	State	Zip			
254 Norwood Ave			CRANSTON	R۱	02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name THOMAS H	. ROBERTS	\$	Contact Title MANABER				
Street Address 254 NORW	JOOD AVE		CITY CRANSTON	StateR	Zip 02905		
8. List ALL managers (names ar	nd addresses) of	the Limited Liab		E - DO NOT LIST N	IEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
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							
THOMAS H. ROBERTS					5/18/18		
Signature of Authorized Person Tower H. Rollins H. Rol							

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 ov MAY 2 9 2018

1005