



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUN -8 PM 4:03

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 Number<br><u>1665595</u>  |      | 2. Exact name of the Limited Liability Company<br><u>Michael, LLC</u>   |                      |
| 3. NAICS Code<br><u>531110</u>   |      | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate holdings and Automobile sales</u> |                      |
| 5. State of Formation<br><u>RI</u>   |      |   |                      |
| 6. Principal Office Address<br><u>1078 CENTRAL AVE.</u>  |      | City<br><u>JOHNSTON</u>   | State<br><u>R.I.</u> |
|  |      | Zip<br><u>02919</u>   |                      |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |      |   |                      |
| Contact Name<br><u>MARTIN F. MOORADIAN</u>   |      | Contact Title<br><u>ADMIN</u>   |                      |
| Street Address<br><u>1078 CENTRAL AVE.</u>   |      | City<br><u>JOHNSTON</u>   | State<br><u>R.I.</u> |
|  |      | Zip<br><u>02919</u>   |                      |
| 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  |                      |
| City   | City | State   | Zip                  |
| Manager Name   |      | Manager Name  |                      |
| Street Address   |      | Street Address  |                      |
| City   | City | State   | Zip                  |
| 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<br><u>MARTIN MOORADIAN</u>   |      | Date<br><u>6/8/2018</u>   |                      |
| Signature of Authorized Person<br><u>[Signature]</u>   |      | SIGN DOCUMENT HERE  |                      |

FILED

JUN 08 2018

BY C26162026

A.A.

MAIL TO:

Division of Business Services  
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