RI SOS Filing Number: 201869298890 Date: 6/11/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2818 JUN 11 PM 3: 56

→ 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 | 2. Exact name of the Limited Liability Company | | | | | |
| 000/39434 IANAEDALLC JANNE Drive LLC | | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 591190 | REALESTATE | | | | | |
| 5. State of Formation | | | | | | |
| | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 3 ANNE DR | | | 2 NOW | Æ | Zip 02865 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name DAVIO LAFAZIA ESQ | | | Contact Title | Contact Title | | |
| Street Address RCSILLOWN AV- | | | CIPRANDION | State | Z1907910 | |
| 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 | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | 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 | , / | |
| JOHN MONGECH 6/1/18 | | | | | | |
| Signature of Authorized Person | | | | | | |
| John Mongelly State March 1968 | | | | | | |
| | | | | | | |

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**

JUN 1 1 2018

FORM 632 - Revised: 10/2017