

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 2	. Exact name of t	he limited liability con	npany \\			
061670334	NE	RI CÀ	pital IV			
3. State of Formation 4	. Brief description	of the character of b	usiness conducted in Rhode Isla	ınd		
RI	Ros	H Estate	531390			
5. Principal office address /07 Twisset Po.			City WARREN	State	Zip 62885	
MAILING ADDRESS OF LIMITE	D LIABILITY CO	MPANY AND NAME	· · · · · · · · · · · · · · · · · · ·	ON:		
CALEB NEVES			Contact Title DUNCE			
Street Address 107 Tourissel 20.			City Wherew	State	Zip 028-85	
LIST ALL MANAGERS (NAMES		SES) OF THE LIMITE	D LIABILITY COMPANY, IF AP	PLICABLE - DO N	OT LIST MEMBERS	
("X" BOX FOR ATTACHMENT) Manager Name			Manager Name			
Street Address			Street Address			
CnyT = = = : ; s as	aiRl		Sity	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	itate	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHODE I	SLAND	.1				
This information is currently of re	cord in the Offic	ce of the Secretary of	of State. Changes require filling	Form 642.		
			FILED			
JUN 29 2018						
				3011 2	2018	
				BY	0305	
				_		
	,		Under penalty of perjury,	l declare and affir	m that I have examined	
File Date			this report, including any and that all statements.	accompanying so	chedules and statements	
Check No					6/25/	
Ву:	_		Signature of Authorized Pe	rson	/Date /	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person			
			Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012