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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DAY

2018 JUL 23 PM 4: 22

Annual Report for the year: 27/8
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.

T	 -				
1. Entity ID Number	2. Exact name	of the Limited Lia	ability Company	· · · · · · · · · · · · · · · · · · ·	·
000 522 419	864	1 11AH	ELL PARE	ASSOCIL	4 Tes LLC
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
571110		_			
5. State of Formation	REAL ESTATE				
<u> </u>					
6. Principal Office Address			City	State	Zıp
YS OCEAN AD			Nerragon	SRIFT R5	04883
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name 1 1403H PATEL			Contact Title CWNCR		
Street Address & BOCEAN RA			City Narrage	GTRAA State AT	Zip 01772
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name PIYUSH PATEL			Manager Name		
Street Address OCRAN RP			Street Address		
MGRRA GANJETT	State RT	Zib () ~\XX\	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	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 dec statements, and that all staten	lare and affirm t	hat I have exam	ined this report, inclu		
Name of Authorized Person	(317)	BIEL	Date	123112	
Signature of Authorized Person					
 	(//			<u> </u>	
				1/12	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov 4:20 FILED

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FORM 632 - Revised: 10/2017