State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

 \rightarrow 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 Evact name	of the Limited Lia	hility Company		
000334677	2. Exact name of the Limited Liability Company Magnolia Properties, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531120	Commercial Real Estate				
5. State of Formation					
RT					
6. Principal Office Address One Magnolia Street			Providence	State	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert Mansour			Contact Title Manager		
Street Address 87 Nov	th Hul	1 Street	City E. Providence	State RT	Zip 02914
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	Zıp	City	State	Zip
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 Robert Mansour Date 8-22-18					
Signature of Agthorized Person SICN DOULMENT HERE					

MAIL TO:

Division of Business Services

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

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