s s	itate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. 001666918			
2. Exact Name of the Limited Liability Company <u>FSS PROPERTIES LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531120</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
<u>RENT</u>			
5. Principal Office Addre	SS		
No. and Street:190 FARMHOLME ROADCity or Town:STONINGTONSTONINGTONState: CTCity or Town:Country: USA			
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact Title: No. and Street: P.O. BOX 104			
	<u>ONINGTON</u> State: <u>CT</u>	Zip: 06378 Country	: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

VINCENT J. NACCARATO <u>96 FRANKLIN STREET</u> <u>WESTERLY</u>, <u>RI</u> <u>02891</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of September, 2018 at 9:01:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By THOMAS F. BUXTON

Signature of Authorized Person

Form No. 632 Revised 09/07

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