

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP 10 AM 11: 09

## Annual Report for the year: 2018 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.

| 1. Entity ID Number <b>1660471</b>  | 2. Exact name of the Limited Liability Company ANMAR PROPERTIES, LLC     |     |                        |          |                       |
|---|--|-----|------------------------|----------|-----------------------|
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |     |                        |          |                       |
| 531390  | REAL ESTATE INVESTMENTS  |     |                        |          |                       |
| 5. State of Formation   |  |     |                        |          |                       |
| RHODE ISLAND  |  |     |                        |          |                       |
| 6. Principal Office Address   |  |     | City                   | State    | Zip                   |
| 650 WASHINGTON HWY., SUITE 200  |  |     | LINCOLN                | RI       | 02865                 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |     |                        |          |                       |
| Contact Name JOSEPH RAHEB   |  |     | Contact Title ATTORNEY |          |                       |
| Street Address 650 WASHINGTON HWY., SUITE 200   |  |     | City LINCOLN           | State RI | <sup>Zip</sup> 02865  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |     |                        |          |                       |
| Manager Name NONE   |  |     | Manager Name           |          |                       |
| Street Address  |  |     | Street Address         |          |                       |
| City  | State  | Zıp | City                   | State    | Zip                   |
| Manager Name  |  |     | Manager Name           |          |                       |
| Street Address  |  |     | Street Address         |          |                       |
| City  | State  | Zıp | City                   | State    | Zip                   |
| Check the box to indicate an attachme   |  |     |                        |          | ndicate 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     |                       |
| ANITA H. KOUSSA   |  |     |                        | 9.       | -1-18                 |
| Signature of Authorized Person  SIGN DOCUMENT BLEE  SIGN DOCUMENT |  |     |                        |          |                       |

MAIL TO:

**Division of Business Services** 

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

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

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