



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 000869920	2. Exact name of the limited liability company 46 Putnam Pike, LLC	3. NAICS Code 531312			
4. Brief Description of the character of the business which is actually conducted in Rhode Island To purchase, hold, develop, sell, and rent real estate and for any other lawful purpose.		5. State of Formation Rhode Island			
6. Principal office address 24 Rustic Acres Drive	City Chepachet	State RI	Zip 02814		
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nicole Delos		Contact Title Manager			
Street Address 24 Rustic Acres Drive		City Chepachet	State RI	Zip 02814	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Nicole Delos		Manager Name Giselle Pacheco			
Street Address 24 Rustic Acres Drive		Street Address 24 Rustic Acres Drive			
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11					

FILED

SEP 10 2018

BY 325

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

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.

Nicole Delos
Signature of Authorized Person

8/27/18
Date

Nicole Delos, Manager

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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