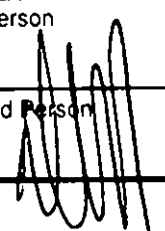




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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<br><b>132088</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>1160 PAWTUCKET AVE LLC</b>                                   |                                          |                    |                                  |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE HOLDING COMPANY</b> |                                          |                    |                                  |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                 |                                                                                                                   |                                          |                    |                                  |
| 6. Principal Office Address<br><b>1308 ATWOOD AVENUE</b>                                                                                                                                                    |                 | City<br><b>JOHNSTON</b>                                                                                           |                                          | State<br><b>RI</b> | Zip<br><b>02919</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                                   |                                          |                    |                                  |
| Contact Name <b>DAVID J LUCIER</b>                                                                                                                                                                          |                 |                                                                                                                   | Contact Title <b>MEMBER</b>              |                    |                                  |
| Street Address <b>1308 ATWOOD AVENUE</b>                                                                                                                                                                    |                 |                                                                                                                   | City <b>JOHNSTON</b>                     |                    | State <b>RI</b> Zip <b>02919</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                   |                                          |                    |                                  |
| Manager Name <b>DAVID J LUCIER</b>                                                                                                                                                                          |                 |                                                                                                                   | Manager Name <b>LEO J DELISI</b>         |                    |                                  |
| Street Address <b>1308 ATWOOD AVENUE</b>                                                                                                                                                                    |                 |                                                                                                                   | Street Address <b>1308 ATWOOD AVENUE</b> |                    |                                  |
| City <b>JOHNSTON</b>                                                                                                                                                                                        | State <b>RI</b> | Zip <b>02919</b>                                                                                                  | City <b>JOHNSTON</b>                     | State <b>RI</b>    | Zip <b>02919</b>                 |
| Manager Name <b>N/A</b>                                                                                                                                                                                     |                 |                                                                                                                   | Manager Name <b>N/A</b>                  |                    |                                  |
| Street Address                                                                                                                                                                                              |                 |                                                                                                                   | Street Address                           |                    |                                  |
| City                                                                                                                                                                                                        | State           | Zip                                                                                                               | City                                     | State              | Zip                              |
|                                                                                                                                                                                                             |                 |                                                                                                                   |                                          |                    |                                  |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                                   |                                          |                    |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                                   |                                          |                    |                                  |
| <i>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.</i> |                 |                                                                                                                   |                                          |                    |                                  |
| Name of Authorized Person<br><b>DAVID J LUCIER</b>                                                                                                                                                          |                 |                                                                                                                   |                                          |                    | Date                             |
| Signature of Authorized Person                                                                                           |                 |                                                                                                                   |                                          |                    | SIGN DOCUMENT 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

**FILED**  
**SEP 10 2018**  
BY 1628 DS