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	2. Exact name of the Limited Liability Company		
132088	**1160 PAWTUCKET AVE LLC**		
3. NAICS Code **531110**	4. Brief description of the character of business conducted in Rhode Island **REAL ESTATE HOLDING COMPANY**		
5. State of Formation **RI**			
6. Principal Office Address **1308 ATWOOD AVENUE**	City **JOHNSTON**	State **RI**	Zip **02919**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
DAVID J LUCIER	**MEMBER**		
Street Address **1308 ATWOOD AVENUE**	City **JOHNSTON**	State **RI**	Zip **02919**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **DAVID J LUCIER**			Manager Name **LEO J DELISI**		
Street Address **1308 ATWOOD AVENUE**			Street Address **1308 ATWOOD AVENUE**		
City **JOHNSTON**	State **RI**	Zip **02919**	City **JOHNSTON**	State **RI**	Zip **02919**
Manager Name **N/A**			Manager Name **N/A**		
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 **DAVID J LUCIER**	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

FORM 632 - Revised: 10/2017