RI SOS Filing Number: 201877227060 Date: 9/12/2018 4:00:00 PM

B	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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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 713887							
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531390	REAL EST	REAL ESTATE					
5. State of Formation RI	of Formation						
6. Principal Office Address	1		City	State	Zıp		
122 TOURO STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited	Liability Compa	any and Name or	r Title of Contact Person	.			
Contact Name MICHAEL W. I	MILLER		Contact Title REGISTERED AGENT				
Street Address 122 TOURO S	STREET		City NEWPORT	State RI	Zip 02840		
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name (NSTANT)	26M 2001	sinder	Manager Name				
Street Address 4 Wild do	wood D	rive	Street Address				
City Middle trus	State P	- 20284	City	State	Zıp		
Manager Name			Manager Name				
Street Address		.	Street Address				
City	State	Zip	City	State	Zip		
		i	<u>.</u>	Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inforr	mation is currently	of record with the Department of Sta	ate. Changes require film	ng Form 642.		
Under penalty of perjury, I statements, and that all sta			examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person Date							
JIMMY MOISIADES				8-3	30 -l9		
Signature of Authorized Pers	son	SIG	N 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 1 0 2018